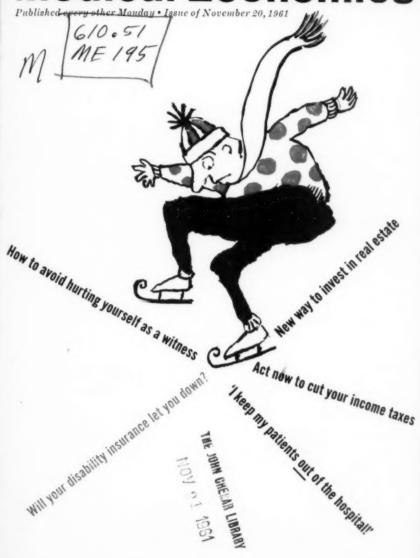
Medical Economics



Tomi. V

FOR ANY OVERWEIGHT PROBLEM sensible weight loss... usually 1-21/2 lbs. per week



FOR ANY "PROBLEM" OVERWEIGHT the anorexic with no reported contraindications...even in:



the gravid



10-12 hour hunger control with no reported contraindications

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DOSAGE: One TENUATE DOSPAN tablet (75 mg.) daily MERRELL swallowed whole, in midmorning Or one TENUATE tablet (25 mg.) 3 times daily, one hour before meals. If desirable, an additional 25 mg, tablet may be taken in midevening to overcome night bunger.

SUPPLY: TENUATE DOSPAN, bottles of 100 white, capsule-shaped tablets (75 mg, each); TENUATE bottles of 100 and 1000 light blue tablets (25 mg. each).

REFERENCES: (TENUATE) 1. Ravetz, E. Michigan Acad. Gen. Pract Symposium, Detroit, 1959. Z. Ripka, A.: M. Klim 54: 1879, 1959. 3. Huels, G. Michigan Acad. Gen. Pract. Symposium, Detroit, 1959. 4. Spielman, A. D. Michigan Acad. Gen. Pract. Detroit, 1959. 4. Spielman, A. D. Michigan Acad. Gen. Pract. Symposium, Detroit, 1959. 5. Decina, L. and Tamorl, H. New York J. Med. 60:2702. 1960. 6. Horwitz, S. Personal communication, 1959. 7. Schuppius, A. Arzti. Praxis 10:1242, 1958. 8. Alfaro, R. O., Gracanin, V. and Schiuder, E. Journal-Lancet. 80:526, 1960. 9. Ilig. A. and Iling, H. Medizinische 22:1077. 1959. 10. Nulsen, R. O. Curr. Therac. Res. 2:102, 1960. (TENUATE 00SPAN 11, Pauss, C. D. Personal communication, 1960. (CENUATE NOSPAN). 1960. (TENUATE AND TENUATE DOSPAN) 12. Peristein, I. 8.: Scientific Exhibit A A G P. Annual Meeting, 1961



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ahead for you

Medical Economics, November 20, 1961

YOUR CHANCES OF HAVING TESTIFY as a medical witness are growin rotes Dr. George Holmes of North Carolina. In 65 to 80 per cent of all litigation and teday requires some type of medical reason or testimony. And seven out of ten personal injury cases are decided on medical rather than legal considerations."

MEDICAL MUTUAL FUNDS: You'll soon have a choice of two to invest in—Medical Industries Fund, 4101 E. Louisiana Ave., Denver, Colo., and Medical Fund, 44 Wall St., New York, N.Y. Both companies will invest in drugs and chemicals, hospital supplies, medical electronics, medical publications, and health and accident insurance. And both will start selling their shares early next year.

THE KERR-MILLS ACT MAY BE SABOTAGED by people who favor Social Security-paid care for the aged, warns Rep. Thomas B. Curtis, (R., Mo.). He says Wilbur Cohen, Assistant Secretary of Health, Education, and Welfare, is leading an "undercover campaign . . . to denigrate" the Act by claiming that a means test is degrading.

LIFETIME DISABILITY INCOME: You may soon be offered insurance providing this protection at low group rates. The first such plan is

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... What's ahead for you

already available to G.P.s. Members of the A.A.G.P. under 50 can buy maximum \$300-a-month coverage for \$92.20 a year. Specialty societies may soon develop similar plans.

BAD OMEN FOR MALPRACTICE RATES? Two years ago, the National Bureau of Casualty Underwriters cut malpractice premiums for doctors in many states for the first time in eight years. It's now rescinding those cuts in a key state—Ohio.

YOU'LL BE ABLE TO GET TAX HELP from I.R.S. staffers all year round (not just at tax time) if a new Treasury idea pans out. Likely test cities: Los Angeles, San Francisco, Seattle.

LABOR ROOMS MAY DISAPPEAR from tomorrow's hospitals, Architect Clifford E. Wolf has told the American Hospital Assn. "Nothing is done in the labor room," he says, "that cannot be done in the patient's room and done better."

THERE MAY BE NO STEERING WHEEL on some '63 or '64 cars. General Motors plans to substitute twin knobs mounted on a small panel as optional equipment on some models. Engineers say the knobs make steering easier and more relaxing—and minimize injuries in case of accident.



basic in exchange

4500 6

basic in cold control



CORICIDIN tablets

formula

chlorphe	en	ii	ra	n	ni	ne	B	n	18	li	84	ıt	e					2	mg.
aspirin.																		0.23	Gm.
phenace	ti	n																0.16	Gm.
caffeine						9												30	mg.

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For gallbladder patients, Entozyme may provide relief from the pain and discomfort of fat-induced indigestion. Just six tablets (the usual daily dose) provide enough digestive enzymes to digest sixty grams of fat - or more. Each tablet contains (in an enteric coating)

150 mg, of Bile Salts and 300 mg, of Pancreatin, N.F. Bile Salts' stimulate the flow of bile and, with Pancreatin, greatly aid the emulsification of lipids.

Entozyme also contains Pepsin, N.F., 250 mg., for protein digestion.

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entozyme a natural digestive supplement

Medical Economics

National business magazine for physicians, November 20, 1961

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You can undermine your own testimony by the way you present your qualifications, exhibits, or records, says Judge Irving Goldstein

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Act now to cut your income taxes 95

If you expect your income to go up or down next year, there's still time to save taxes on your combined 1961 and 1962 income by shifting practice earnings and expenses from one year to the other

More >

USE OF DEPROL IN THE OFFICE TREATMENT OF DEPRESSION*

"Eighty-seven patients were studied during a period of over 2 years. All were psychoneurotic, and all were seen in private psychiatric practice. Although diagnoses differed, the most prominent symptom in each case was severe depression... Patients ranged in age from 16 to 70 years; the greater portion were 20 to 40 years old.

"The usual starting dosage of Deprol[†] was 1 tablet 4 times a day ... If necessary, this dosage was increased to 6 tablets per day, and then to 8."

Results

"All except 2 of the 87 patients treated with Deprol were definitely helped by this medication.

"Deprol was found most useful in patients with pronounced depressions characterized by apathy, withdrawal, and inability to perform. Such patients were relieved of their oppressive despondency and crying spells and became accessible to psychotherapy. They became more hopeful and more willing and able to expend effort to help themselves. They were able to sleep well, to enjoy their food again, to concentrate better, to make decisions and to return to normal activity...

"Unlike most other drugs used for depression, [Deprol] is also effective in controlling a wide spectrum of associated symptoms, particularly anxiety, tension, sleep disturbances, and psychosomatic complaints. Deprol does not depress appetite but permits its normal return as the patient improves. It is not a euphoriant; rather, patients taking the drug experience a return to a stable and normal mood."

Side Effects and Toxicity

During the two years of this study "... no side-effects were observed. Two patients who attempted suicide by ingesting, respectively, 40 and 30 tablets of Deprol experienced prolonged sleep with slight, transient fall in blood pressure, but they recovered without treatment and without sequelae."

Conclusion

"Deprol marks a definite step forward in the safe and effective treatment of depression."

*Ruchwarger, A.: M. Ann. District of Columbia 23: 438, Aug. 1959. †Supplied by WALLACE LABORATORIES, Cranbury, N. J.

'Deprol'

Desage: Usual starting dose is 1 tablet q.i.d. When necessary, this may be increased gradually up to 3 tablets q.i.d. With eatablishment of relief, the dose may be reduced gradually to maintenance levels. Composition: 1 mg. 2-diethylaminoethyl benzilate hydrochloride (benactysine HCl) and 400 mg. meprobamate. Supplied: Bottles of 50 light-pink, scored tablets. Write for literature and samples.

GD-1857

Your assistants .

The best way to file medical records 100

Floor space in your office costs money. So does your time—and your aide's. These tips, addressed to her, will help her save all three

Your home:

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your advice, her cooperation, plus a prescription for ACNOMEL®...

Your advice on proper skin care, hygiene and diet, the patient's cooperation and a prescription for 'Acnomel' are often all that are necessary to control acne. 'Acnomel' Cream is a basic topical preparation for acne treatment. Sulfur

and resorcinol reduce oiliness, dry the skin and produce a keratolytic effect.

Hexachlorophene reduces the possibility of bacterial infection.

Grease-free, easy to apply and to remove, flesh-tinted 'Acnomel' Cream conceals acne lesions as it heals them. Thus patient embarrassment about unsightly acne pimples and blemishes is greatly relieved.

PRESCRIBING INFORMATION

TWO CONVENIENT FORMS: 'Acnomel' Cream (sulfur, 8%; resorcinol, 2%; hexachlorophene, 0.25%; in a stable, grease-free, flesh-tinted vehicle); standard strength for home application, morning or night.

'Acnomel' Cake (sulfur, 4%; resorcinol, 1%; hexachlorophene, 0.25%; in a washable, fleshtinted cake base); half-strength, in handy plastic containers, for convenient use away from home.

ADMINISTRATION: Cream, one application daily is usually sufficient. Patients with oily skin may apply more often. Apply in small amounts with finger tips. Keep out of eyes and off eyelids.

Cake, apply 2 or 3 times daily, as required, to treat and mask individual lesions. Dab on gently with finger tips or damp sponge. To shorten the course of acne therapy, 'Acnomel' Cream may be prescribed for application at night and 'Acnomel' Cake for day-time use.

CAUTIONS AND CONTRAINDICA-TIONS: Moderate erythema and scaling are normal and expected results of 'Acnomel' therapy. However, should these reactions become excessive, the patient should apply 'Acnomel' less frequently or discontinue until they subside. 'Acnomel' abould not be applied to diffuse, acutely inflamed areas. Keep out of eyes and off eyelids.

AVAILABLE: Cream—in specially lined 1½ oz. tubes; Cake—in convenient 1 oz. plastic containers.

Prescribing information adopted January 1961. Smith Kline & French Laboratories Your patients:

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This doctor no longer has to worry about the shortage of hospital beds. He's found that in many cases office treatment and home care are as effective as hospitalization—and far more desirable

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Practice problems on your mind?

Maybe a problem in your office routine has you stumped—about billing, perhaps, or collections, or your aide's duties, or your professional- or patient-relations. Why not put it to the panel of experts who write the MEDICAL ECONOMICS feature, Practice Management Q & A? If your query is of profession-wide interest, it may be answered in print—with an advance copy to you. If not, it will be answered by mail.

Address your question to: Editor, Practice Management Q & A, MEDICAL ECONOMICS, Oradell, N.J.

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BENYLIN EXPLICIT ORANIC Specifically designed to help control cough

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PENYLIN EXPECTORANT IS a pleasant-tasting, raspberry-flavored syrup...completely acceptable to petients of all ages.

supplied: BENYLIN EXPECTORANT is available in 16-ounce and 1-gallon bottles.

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Each fluidounce contains: 80 mg. Benadryl
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menthol; and 5% alcohol. Indications: Relief
of coughs due to colds, other symptoms associated with colds, and coughs of allergic
origin. Decage: Adults – 1 to 2 teaspoonfuls
every three to four hours. Children – ½ to
1 teaspoonful every four hours. Precourions:
Products containing Benadryl should be used
cautiously with hypnotics or other sedatives;
if atropine-like effects are undesirable; or
if the patient engages in activities requiring
alertness or rapid, accurate response (such
as driving).

PARKE-DAVIS

PARTY DISTRICT COMPANY David IS MUNICIPAL

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Authors Harry and Bonaro Overstreet first dealt with the true threat of communism in 'What We Must Know About Communism.' In their newest work, condensed here, they relate Marxist philosophy to present-day specifics—with emphasis on the Berlin crisis—and warn that we must not help Khrushchev in his crucial hour

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regardless of the offending allergens

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*WRITE FOR REPRINTS AND LITERATURE

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the new concept for the treatment of allergic diseases

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Medical Economics

November 20, 1961

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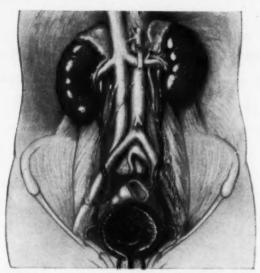
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(adort s. Hand)

Robert A. Hardt, President

P.S.: Physicians who prefer generic names prescribe "Hydroxyphenamate, Armour."

LISTICA-Hydroxyphenemete, Armour. @ 1961, A.P. CO. *Stedman's Medical Dictionary.

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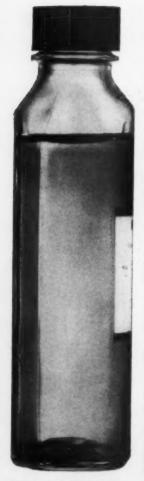
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has the formula of your favorite cough prescription been altered for non-medical reasons?



Last year the Federal Government drastically revised its regulations concerning non-prescription sale of narcotics. Effective January 1, 1961, dihydrocodeinone preparations which had been produced and marketed as exempt narcotics were reclassified to taxable Class B narcotics. Cough preparations containing dihydrocodeinone can no longer be sold over the counter. All such preparations now require a written or oral prescription.

Dorsey Laboratories will not consider altering the formula of TUSSAMINIC EXPECTORANT. We could have easily replaced dihydrocodeinone with either an exempt narcotic or with a non-narcotic antitus-sive. However, TUSSAMINIC EXPECTORANT remains unchanged because Dorsey Laboratories holds the following convictions:

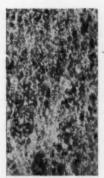
We believe that narcotic therapy is indispensable in many acute, severe, and refractory coughs. Nonnarcotic cough preparations (Tussagesic®, Triaminicol®, etc.) are more useful in the less severe cough.
 We believe that among the milder narcotics, dihydrocodeinone is the agent of choice. Pharmacologically more active than codeine, dihydrocodeinone has also less tendency to produce constipation, nausea, and drowsiness.

— We believe that narcotic cough therapy belongs in the hands of the medical profession exclusively. TUSSAMINIC EXPECTORANT has never been available to the general public without prescription. We do not contemplate changing this policy.

In addition to dihydrocodeinone, TUSSAMINIC EXPECTORANT provides glyceryl guaiacolate for outstanding stimulant expectorant action without iodide side effects—plus the leading oral nasal decongestant, TRIAMINIC, to control the most frequent cause of cough—postnasal drip. As long as we continue to feel that this combination provides the most satisfactory therapy for many of the coughs seen in routine medical practice, we shall not alter the formula.

Each tsp. (5 ml.) provides: Dihydrocodeinone Bitartrate 1.67 mg. (warning: may be habit forming); Triaminic® 25 mg.; Glyceryl Gualacolate 100 mg.; Chloroform approx. 13.5 mg.; Alcohol 5%.

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physiologically inert adhesive and non-woven backing. Air passes through the tape freely - perspiration and exudates evaporate rapidly.



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In contrast, conventional, nonporous tape has a thick layer of adhesive which forms an occlusive barrier that plugs the widely spaced perforations, entraps hairs and contains potentially irritating natural rubbers and resins.

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Over three years in development, "SCOTCH" Brand Surgical Tape dramatically answers the traditional problems of ordinary adhesive tape, as established by clinical test in more than 1000 cases. (Golden, T., A Non-Irritating, Multipurpose Surgical Adhesive Tape, Am. J. Surg. 100: 789, 1960.) Non-occlusive: prevents usual maceration. Cool, lightweight, comfortable. Easy to tear, handle, apply. Physiologically inert: Virtually eliminates chemical irritation, even in markedly tape-sensitive patients. Easily removed: Thin, non-creeping copolymer adhesive removes without depilation, yet outholds all previous tapes. Sticks even in baths; requires fewer changes. Available now: order through your surgical supply dealer or pharmacy in usual widths, 1/2" to 3", 10-yard rolls,

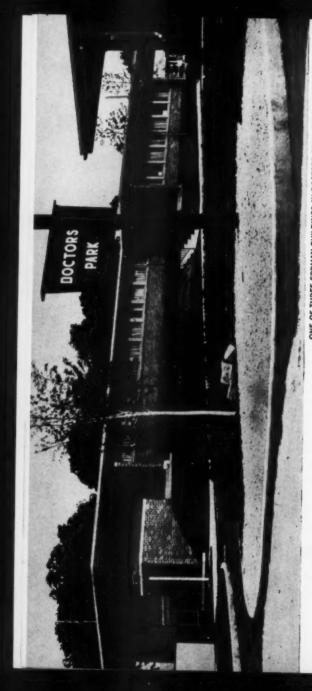
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CIBA

Mr. H.V., a 61-year-old retired pharmacist with hypertensive arteriosclerotic heart disease, was hospitalized in 1957 after a myocardial infarction. Blood pressure at this time ranged from 176/100 to 184/106 mm. Hg. The patient had associated congestive failure with ankle edema and dyspnea.

Serpasil-Esidrix Tablets #1 were added to the existing regimen of digitalis and low-salt diet in April, 1959. In the first 6 weeks of treatment, blood pressure decreased steadily to a range of 156/80 to 166/84 mm. Hg. Examination at the end of 6 weeks revealed no evidence of congestive failure. Neck veins were no longer distended; ankle edema was not present.

Mr. V.'s blood pressure is now stabilized at a satisfactory level and he has had no side effects from Serpasil-Esidrix. He can climb stairs without shortness of breath; he gets around more easily and feels better generally.



Serpasil-Esidrix combines in one tablet the antihypertensive and calming effects of Serpasil with the diuretic and anti-hypertensive-potentiating actions of Esidrix—for control of high blood pressure plus many complications.

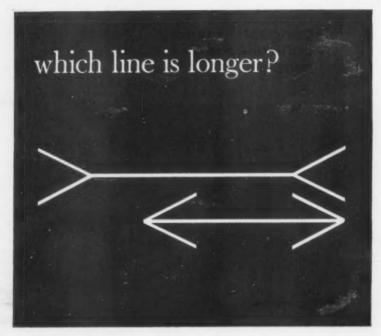
supplies: Tablets #2 (light orange), each containing 0.1 mg. Serpasil and 50 mg. Esidrix; bottles of 100. Tablets #1 (light orange), each containing 0.1 mg. Serpasil and 25 mg. Esidrix; bottles of 100.

SERPASIL® (reserpine CIBA)

ESIDRIX® (hydrochlorothiazide CIBA)
For complete information about
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Physicians' Desk Reference or write
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Serpasil'-Esidrix'

(reserpine and hydrochlorothiazide ciea)



A familiar illusion. Actually, of course, the horizontal lines in both figures are the same length. And yet, doubt lingers even after measurement is made.

Take the comparison of two oral penicillins as another example. If only the price of the drugs were to be considered, the choice would be clear. But isn't it what a drug does that counts?

V-Cillin K^\circledast achieves two to five times the serum levels of antibacterial activity (ABA) produced by oral penicillin $G^{,\iota}$ Moreover, it is highly stable in gastric acid and, therefore, more completely absorbed even in the presence of food. Your patient gets more dependable therapy for his money . . . and it's therapy—not tablets—he really needs.

For consistently dependable clinical results

prescribe V-Cillin K in scored tablets of 125 and 250 mg. V-Cillin K, Pediatric, in 40 and 80-cc.-size packages. Each 5 cc. (approximately 1 teaspoonful) contain 125 mg. (200,000 units) penicillin V as the crystalline potassium salt.



V-Cillin K[®] (penicillin V potassium, Lilly)
1. Griffith, R. S.: Antibiotic Med. & Clin. Therapy, 7:129, 1960.

Product brochure available; write Eli Lilly and Company, Indianapolis 6, Indiana.



You can dissent in medical politics

In the course of the social hour that preceded a talk I gave recently in Milwaukee, a young doctor's wife said to me: "It's a shame there isn't more democracy in medical societies. Ordinary members just aren't allowed to be heard on political issues." "Oh, I wouldn't say that," I protested. "Well," she said, "everybody knows the societies are run by small cliques. And I've heard they apply sanctions—but fast—against any doctor who disagrees in public with the official line." ¶ I didn't have time to try to persuade her differently. I wish I had. Opinions like hers are held by far too many people -including some doctors. Yet current events constantly show that individual members are free to dissent from the views of organized medicine. Tor instance, at the Congressional committee hearings on the Administration's health bill, several medical society officers testified against it. Just as vigorously, other members of those same societies testified in favor of it. Recently

I've debated publicly with two of these doctors who, in Washington, opposed organized medicine's official view—which on this matter happens also to be mine. They are Dr. Philip Lee of Palo Alto, Calif., and Dr. Benedict Duffy of Jersey City, N.J. I'm sure these able and intelligent physicians would be the last to suggest that any "sanctions" had ever been applied against them.

Difference of opinion is what

makes a horse race. Clearly it's the privilege of any physician to differ politically with organized medicine. And no medical body—county, state, or national—would be so ill advised as to try to muffle an opposing voice.

What a contrast to organized labor! Not one representative of labor spoke against the Anderson-King bill at the Washington hearings. Listening to labor's official spokesmen, one might well get the impression that

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Ophthalmic Powder (Sterilized 25 mg.,
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Tetracycline Lederle

a standard in local antibiotic therapy

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, N. Y.



Medical Economics, November 20, 1961

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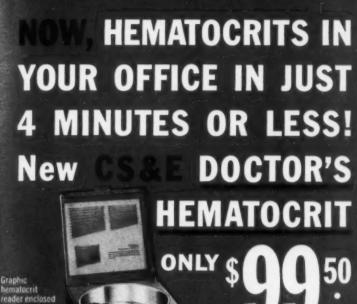
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Fast: Accurate results in 4 minutes or less.

Safe: Cannot operate until cover is closed.

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Fast, accurate, dependable readings while the patient waits at your desk

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Get immediate answers without the delay, expense or need for outside facilities. Write today for a demonstration of this new, time-saving, economical centrifuge.

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Yes, I want a dem Enclosed is my chec Please rush Hematocrit Name	k for \$99.50 (plus through my dealer	applicable Sal	
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every dues-paying union man from coast to coast is unalterably in favor of the Administration's proposal.

Of course this isn't so. A number of my patients are union members. A large proportion of them oppose this measure as strongly as I do. I've met labor leaders who have told me privately they think its cost would put an unjust burden on work-

ing people. They always exhort me not to quote them by name —because it would mean their jobs.

In San Francisco, on the other hand, a group of physicians have openly organized in support of the Anderson-King bill. A similar group has formed in Illinois. In the New York City area, there's long been a group of doctors actively advocating

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Medical Economics, November 20, 1961

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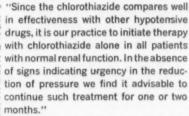
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PHYSICIANS PRESCRIBE

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Conway, J., and Lauwers, P.: Circulation 21:21, January, 1960.

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what I consider left wing ideas. To my knowledge, not one of these physicians has suffered any sanctions.

When this phony issue was raised at the Congressional hearings, Dr. Leonard Larson, the A.M.A. president, volunteered to investigate personally and at once any reports of such reprisals. There have been no reports for him to investigate. Nor is it likely there ever will be any based on fact.

We must stand ready to counter any accusations that organized medicine seeks to keep the individual physician politically in the fold. The idea of sanctions is patently nonsense—as those enemies of medicine who perpetrate it are well aware.

Chuckling . . .

over a patient's absurd remark? Share it with your colleagues in these columns. We pay \$25 to \$40 for acceptable contributions. Those not accepted within thirty days may be considered rejected. Write to Anecdote Editor, MEDICAL ECONOMICS, Oradell, N.J.

Medical Economics, Nov. 20, 1961

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DO, AND DOES IT FASTER II
WITH HIGHER SALICYLATE
BLOOD LEVELS II AND WITH
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EFFECTS II, 22, 33

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Sleight, P.: The Lancet, P. 305 (Feb. 6) 1960 and p. 932 (April 23) 1960. 2

Fremont-Smith, P.: J. Am. Med. Assn. 158:386. (June 4) 1955.

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Tebrack, H. E.: Ind. Med. & Surg. 20:480-482, 1951.

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for the first time in antacid therapy make a flavor choice!

NEW



FLAVOR-PACK

ends antacid "flavor-fatigue"



lets your patient



MAKE IT PINEAPPLE MAKE IT RASPBERRY MAKE IT SPEARMINT

Gelusil Flavor-Pack is unflavored Gelusil liquid — plus three separate flavor packets—pineapple, raspberry, spearmint. Patient simply selects flavor of choice, mixes directly in bottle—ends antacid "flavor-fatigue."

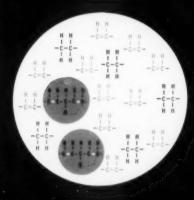
No change in Gelusil's dependable all-antacid formulation—same protective demulcent coating action—same effective, long-lasting relief—without constipation, without a built-in laxative.

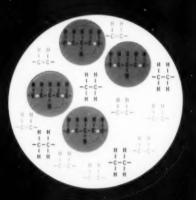


FORMULA: Each 5 ml. teaspoonful of Gelusil contains nonreactive aluminum hydroxide (Warner-Chilcott) 4 gr., and magnesium trisilicate U.S.P. 7½ gr., the long-acting acid neutralizer.

DOSAGE: Two teaspoonfuls of Gelusil 2 hours after each meal or whenever symptoms are pronounced. Continue as long as necessary. (One teaspoonful of Gelusil Liquid is approximately equal to one Gelusil tablet.)

GP11





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Made with ordinary all-purpose shortening



Made with NEW CRISCO with double the finoleic acid

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THE HIGHLY UNSATURATED SHORTENIN

now doubles the linoleic acid to benefit the 9 out of 10 families* who use all-purpose shortening

Your patients want to continue to enjoy the better taste of baked and fried foods made with real shortening, which an estimated 90 per cent of Americans use for cooking.* Such shortening alone gives the wonderful eating qualities that patients desire in cakes, cookies, and pastries—the eating qualities that normally can't be achieved with salad oil.

helps make the average diet a prudent diet

Now with new Crisco your patients can continue eating their favorite foods and at the same time increase the linoleic acid content of their diet. Most nutrition and medical scientists agree that

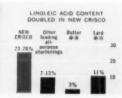
.. for good cooking and prudent eating

today's prudent diet should contain adequate sources of linoleic acid—the fatty acid that has been shown to be helpful in lowering elevated blood cholesterol levels.

New Crisco—the highly unsaturated *vegetable* shortening—is designed to satisfy not only the preferences of good cooks but also the requirements of the nutritionist and physician.

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In line with changing views on dietary fat, highly unsaturated, new Crisco achieves a more favorable level of preferred unsaturates. It provides approximately twice the linoleic acid (23 to 26 per cent) of other leading all-purpose shortenings—and a total of 72 to 78 per cent unsaturates. In one-half cup of new Crisco there are actually 22 grams of linoleic acid.



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Fatty Acid Com	nosition	
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Total Unsaturates	72-78	
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Linofeic	23 26	
Others	4.5	
Mono unsaturates	44-50	
Total Saturates	22 - 28	
Natural Tocopherols	0.1	
Cholosterol	None	



*Cooking Habits Study - 1961, conducted by National Analysts, Inc. *Based on U. S. Department of Agriculture data - March, 1959.

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Although these pies look alike.

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Mellaril

provides highly effective tranquilization, relieves agitation, apprehension, anxiety

and "screens out"
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virtually free of:



"The value of the phenothiazines as tranquilizers has been established. [However] many distressing side effects have been reported with these drugs. ... Thioridazine [Mellaril] is as effective as the best available phenothiazine, but with appreciably less toxic effects than those demonstrated with other phenothiazines."

In Geriatrics "This is the third time the authors have evaluated a tranquilizer in a geriatric group. Our feeling is that Mellaril is superior to the other two, both of which were phenothiazine derivatives."²

Meilarii is indicated for varying degrees of agitation, apprehension, and anxiety in both ambulatory and hospitalized patients. Usual starting dose: Non-psychotic patients — 10 or 25 mg. t.i.d. Psychotic patients — 100 mg. t.i.d. Dosage must be individually adjusted until optimal response. Maximum recommended dosage: 800 mg. daily. Supply: Mellarii Tablets, 10 mg., 25 mg., 50 mg., 100 mg. 1. Ostfeld, A. M.: Scientific Exhibit, American Academy of General Practice, San Francisco, April 6-9, 1959. 2. Judah, L., Murphree, O., and Seager, L.: Am. J. Psychiat. 115:1118. June. 1959.





Female, Age 45. Disgnosje. Rhowmatori Arthrills, Class III, Stage III. Onset of disease was appresimately 10 years ago. Buring this period, patient has enver been asymptomatic. Various courses of cortisone therapy afforded partial relief. Immediately prior to institution of therapy with Citistrom. There was swelling and/or tenderness over both sternoclavously joints. In shoulders, wrists, anxies, feet and the lingers which also has paintle-shaped deformities; immitation of motion in both where. Considerable swelling with symposius observed in right, Ankei, patient unable to satend it fully when lying fait. Physical examination also revealed patient to be badly undernourished, there were no other significant findings. Rx. Citistone Tablets, 0.6 mg. q.i.d. Photo 1 shows patient prior to therapy with Citistone.

Arthritic/inflammatory flare-up



Results: Within 48 hours, both subjective and objective improvement noted. Subsidence of pain began, and swelling substantially decreased. After 7 days, patient was completely asymptomatic and able to function not maily in her environment. Dosage gradually reduced by weekly decrements of 0.3 mg. to a maintenance level of 0.3 mg. daily. Patient has remained asymptomatic, has gained 12 pounds and has returned to her normal weight. No side effects reported. Photo 2 shows patient after 7 days' therapy with CELISTONE. Note 50 per cent decrease in knee size.

Photographs courtesy of Abraham Cohen, M.D., Philadelphia, Pa.

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An important new agent for steroid therapy: Twenty months of pre-introductory clinical trials have demonstrated that Celestone provides unexcelled antiarthritic and anti-inflammatory effects with significantly lower milligram dosages than those required with most other steroids. These studies have also established its "low incidence of side effects..., [and] absence of new toxic effects..., "1

Unsurpassed effectiveness in rheumatoid arthritis: In a series of 37 patients previously treated with other corticosteroids, Celestone was observed to produce an enhanced antiarthritic effect in over 50 per cent of the cases: "Better over-all improvement, as reflected in greater relief from pain, decreased inflammation, increased range of motion and constitutional benefits, was reported by the majority of patients in

this series."2

In another group of patients studied, 88.8 per cent of whom were much improved or improved on Celestone, the authors noted that "results were not affected by either the class or the stage of rheumatoid arthritis; in fact, all but two of our Class III and Stage III patients obtained maximal improvement with betamethasone [Celestone]." Gratifying results have been achieved with Celestone in a broad range of steroid-responsive disorders, from rheumatoid arthritis to bronchial asthma, allergic dermatoses, and inflammatory ocular diseases. Rapid subsidence of arthritic flare-up can usually be expected on average daily dosages of from 2 to 4 tablets. The single tablet strength (0.6 mg.) facilitates dosage schedules and proper adjustment when patients are switched from other corticosteroids.

Rapid remission with Celestone

CELESTONE "appears to satisfy the criteria for an improved corticosteroid in rheumatoid arthritis. It exerts its antirheumatic and anti-inflammatory activity at lower dosages than other steroids available for the management of this disease... our data indicate that therapy with this steroid is attended by a substantially lower incidence of untoward effects... [and] has not been shown to cause any new side effects... "3 For complete details, consult latest Schering literature available from your Schering Representative or the Medical Services Dept., Schering Corporation, Bloomfield, N. J.

Cited References: 1. Frank, L.: The Place of Betamethasone in Dermatologic Practice, Paper presented at First Conference on the Clinical Application of Betamethasone — A New Corticosteroid, New York City, May 8, 1961. 2. Kammerer, W. H.: Observations on the Effects of Betamethasone in Rheumatoid Arthritis. Ibid. 3. Cohen, A., and Goldman, J.: Management of Rheumatoid Arthritis Nitia New Steroid. Ibid. Additional References: 4. Nierman, M. M.: The Use of Betamethasone in Dermatology. Ibid. 5. Gant, J. Q., Jr., and Gould, A. H.: Betamethasone: A Clinical Study. Ibid. 6. Dresner, E., and Cathcart, E. S.: The Anti-Inflammatory Activity of Betamethasone, A New Glucocorticoid Epimer. Ibid. 7. Cecil, R. L.: Continued Progress in Corticosteroids. Ibid. 8. Bedell, H.: A New Systemic Steroid in the Treatment of Allergies in Office Practice. Ibid. 9. Goldman, L.: Investigation of a New Steroid in Dermatology. Ibid. 10. Hampton, S. F.: Betamethasone — A New Steroid in Allergy: A Preliminary Report. Ibid. 11. Bukantz, S. C.: Observations on the Use of Betamethasone in the Intractable Asthmatic Child. Ibid. 12. Schwartz, E.: Clinical Evaluation of Betamethasone in Chronic Intractable Bronchial Asthma. Ibid. 13. Gordon, D. M.: Betamethasone — A New Corticosteroid in Ophthalmology. Ibid. 14. Abrahamson, I. A., Jr.: A Clinical Evaluation of Betamethasone. Ibid. 18. 2020

(brand of betamethasone) Tablets, 0.6 mg.

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is soft and pliant as a tampon. It offers
proved therapeutic action* in an exceptional
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only 10 suppositories in most cases. Milibis® vaginal suppositories
are supplied in boxes of 10 with applicator.

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*97 per cent effective in a study of 564 cases; 94 per cent effective in a study of 510 cases.

Milibis (brand of glycobiarsol),

By Alfred P. Ingegno, M.D.



Let's invite laymen to horn in on us!

A lot of doctors get hot under the collar about how the medical side of any social problem is their exclusive property. I don't go along with that idea: It's shortsighted, and it runs counter to everyday experience. Take hospital costs. The medical profession and hospital trustees and administrators can't solve the problem alone. They need the understanding and cooperation -on a community level-of other professions, insurance people, government, labor, management, the press, and all kinds of civic groups. This kind of community cooperation is suggested in the Columbia Study of Prepayment for Hospital Care in New York State (Ray E. Trussell, M.D., chairman). It recommends regional hospital review and planning councils at the community level. At its 1961 meeting, the New York State Medical Society's House of Delegates liked the idea well enough to promise cooperation. It's an idea that rates adoption. I What would such councils do? They would

Medical Economics, November 20, 1961

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study how hospital costs are affected by things like these:

¶ Patient-pressure for unneeded hospitalization.

¶ Hospital pressure to keep beds filled.

¶ Personnel costs and unionization.

¶ The threat of hospital and professional liability.

¶ Unnecessary duplication of services through lack of interhospital cooperation.

There's a claque of political opportunists, editorial harebrains, labor loudmouths, and sanctimonious hand-wringers who blame doctors for rising hospital costs. Citizens of goodwill can be seriously misguided by such drivel. To counteract it, let's get more of these citizens interested in the facts of the hospital crisis.

If the hospital review and planning councils do a constructive job with the hospital cost crisis (and I believe they can), let's try some cooperation on other problems. Our nonmedical neighbors may not have valuable opinions on the care of pneumonia or how to take out an appendix (that's the craft part of

our calling). But what about such matters as malpractice, evaluating medical competence, cults, quackery, medical licensure, and medical discipline?

We struggle with these problems as if they were ours exclusively. Far from being suspicious of lay help, let's encourage it. Let's *invite* responsible laymen to horn in. It will be good for them—and for us.

'Continuing education' is coming of age

P still voluntary, but before long such courses may be required for an M.D. who wants to continue practicing. The time is coming when it won't be good enough to have been good. It will be necessary to demonstrate continuing competence to some authority in or out of the profession. Under such conditions, continuing courses will be crucial to professional success.

The A.M.A.'s old "post-graduate" terminology has been replaced by the new phrase "continuing education." This is a



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stable and long-acting, even in exudates

FURACIN Topical Cream, 1 oz. (28 Gm.) tube Soluble Dressing, 1 oz. (28 Gm.) tube Furacin-HC Cream (with hydrocortisone), 5 and 20 Gm. tubes and other special formulations for every topical need

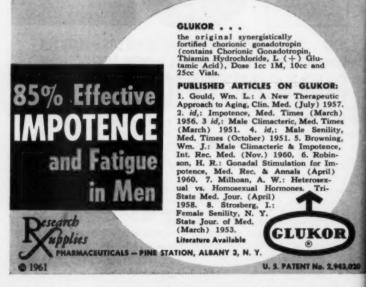
EATON LABORATORIES, Division of the Norwich Pharmacal Company, NORWICH, N. Y.

happy change, because it clearly defines the educational phase that follows undergraduate training (medical school) and graduate training (interneshipresidency-fellowship). More than that, it emphasizes that a physician's education continues all his life.

This continuing phase of our education is the longest. The quickening pace of medical development makes it challenge the undergraduate and graduate phases in importance—as well as length. Half a century ago, it may have taken twenty years after school and hospital to become a medical mossback. It may soon take less than five.

Although the A.M.A. doesn't evaluate continuing education courses, it foresees the day when it will. Meanwhile, the individual physician has to make his own judgment of what courses should fill his needs.

What will the A.M.A. look for





relieve U. R. I. distress rapidly

- · relieve sneezing, runny nose
 - ease aches and pains
 - · lift depressed feelings
 - · reduce fever, chills

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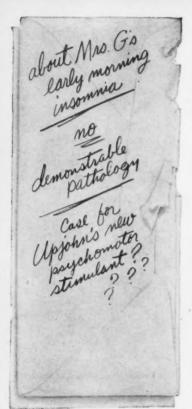
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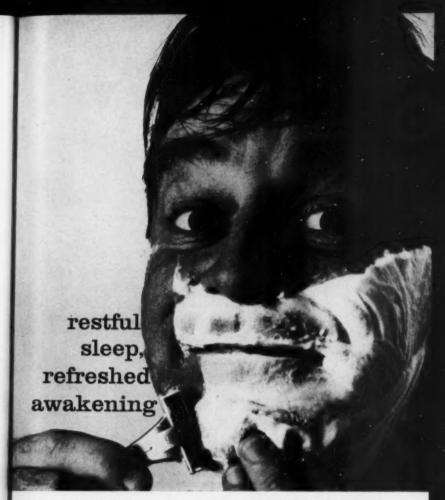
...Ingegno column

when it evaluates continuing education courses? Its 1957 "Guide Regarding Objectives and Basic Principles of Post-Graduate Medical Education Programs" gives some of the answers: a responsible well-planned administration, a budget that's not entirely dependent on tuition fees, experienced and interested teachers, and courses that stress student participation and explore subject matter deeply.

The Guide also says that continuing education is not adequate training for specialty and subspecialty practice. It warns against certificates that imply they are. Maybe the A.M.A. appraisal mechanism will change this.

It's a matter for the individual boards to decide, of course. But it seems ill-advised to exclude continuing courses as one of the ways to board certification. In fact, this may be the only way possible for some doctors. We don't want to encourage dilettantism, but I do feel an adequate number of the right courses may well be sufficient to qualify interested practitioners for some specialty practices.

Medical Economics, Nov. 20, 1961



After a night of deep, refreshing sleep—this is the promise of Noludar 300. One capsule at bedtime acts quickly...eases your patient into sleep without pre-excitement, gives up to 6 or 8 hours of undisturbed sleep without risk of habituation, without toxicity or even minor side effects. Try Noludar 300 for your next patient with a sleep problem. Chances are he'll tell you

"I slept like a log"

NOLUDAR 300



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active antihypertensive broad benefit clinically confirmed convenient control dosage dexterity dependable diuresis enhanced effectiveness foremost flexibility increased individualization long lasting

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"foremost flexibility"—The clinical effectiveness and favorable sodium/potassium ratio of RENESE at 0.5 mg. and at 16 times that dose (8 mg.) may make thiazide therapy available to patients previously excluded either by intolerance at the lowest available doses of other agents or by lack of response at their highest effective doses. The availability of RENESE in 1 mg., 2 mg., and 4 mg. scored tablets provides a dosage form for each and every patient—mild, moderate, or severe.

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PFIZER LABORATORIES Division,
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FOR PRODUCT INFORMATION TURN TO PAGE 188



Said a basso sonorous named Boris, "When a cold keeps me out of the chorus, One squeeze of this spray* Has me singing Bizet Before pills could get past my pylorus."

Siomydrin® of course

decongestant | mucolytic | antibacterial | antiallergic The shortest distance between nasal congestion and relief in the common cold, sinusitis, nasopharyngitis, and allergic rhinitis. No rebound congestion, no systemic side effects.



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Until his cold is cured

Recommend Ben-Gay for greater comfort

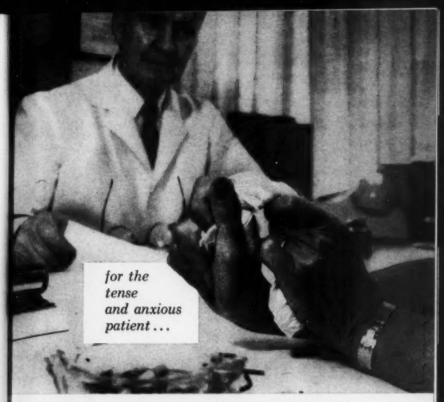
BEN-GAY®, applied topically, penetrates deeply to help relieve muscular aches and congestion of head and chest colds. It is rapidly absorbed to provide local analgesia with high-concentration methyl salicylate plus soothing, menthol-induced warmth. BEN-GAY also eases muscular and joint pain caused by strain and over-exertion.

Greaseless, Stainless Ben-Gay and original Ben-Gay are available in $1\frac{1}{4}$ -oz. and 3-oz. tubes. Children's Ben-Gay (greaseless, stainless only): $1\frac{1}{4}$ -oz. tubes. Thos. Leeming & Co., Inc., New York 17, N.Y.

greaseless, stainless

Ben-Gay

reliable, conservative pain relief



the only sustained-release tranquilizer that does not cause autonomic side reactions

- SAFE, CONTINUOUS RELIEF of anxiety and tension for 12 hours with just one capsule—without causing autonomic side reactions and without impairing mental acuity, motor control or normal behavior.
- ECONOMICAL for the patient—daily cost is only a dime or so more than for barbiturates.

Meprospan-400

400 mg. meprobamate (Miltown®) sustained-release capsules

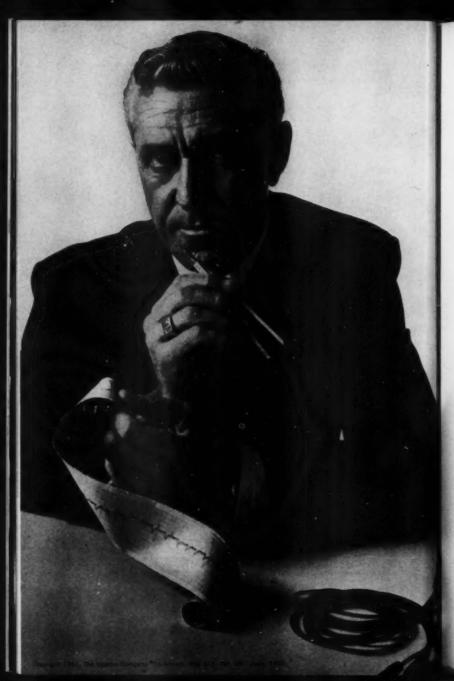
Usual dosage: One capsule at breakfast lasts all day; one capsule with evening meal lasts all night.

Available: Meprospan-\$00, each blue-topped capsule contains 400 mg. Miltown (meprobamate). Meprospan-\$00, each yellow-topped capsule contains 200 mg. Miltown (meprobamate). Both potencies in bottles of 30.



WALLACE LABORATORIES / Cranbury, N. J.

CHE-4113



Can we measure the patient's comfort?

The physician can measure activity of the heart by means of electrocardiography. But he has no instrument—no objective test—for measuring comfort.

For this, he must depend upon his own powers of observation and

the patient's own description of how he feels.

Because these are, admittedly, subjective criteria, the validity of results hinges entirely on the experience and objectivity of the investigators involved.

Such well-qualified clinicians have reported that a new corticosteroid developed in the research laboratories of Upjohn actually raises the

level of relief obtainable with this type of therapy.

This difference cannot be "proved." It must be seen. And the only practical way for you to do this is to evaluate this new drug critically in your own practice. Please do, at your first opportunity. We are confident that you will be glad you did.

The new corticosteroid from Upjohn research Aphadrol (fluprednisolone) 0.75 mg. or 1.5 mg. Supplied in bottles of 25 and 100.

The anti-inflammatory activity of Alphadrol is comparable to the best effects obtained in current practice. Results obtained with Alphadrol have been such as to warrant classifying it among the most efficient steroids now available.

More than twice as potent as prednisolone, Alphadrol exhibits no new or bizarre side effects. Salt retention, edema or hypertension, potassium loss, anorexia, muscle weakness or muscle wasting, excessive appetite, abdominal cramping, or increased abdominal girth have not been a problem.

Indications and effects

The benefits of Alphadrol (anti-inflammatory, antiallergic, antirheumatic, antileukemic, anti-hemolytic) are indicated in acute rheumatic carditis, rheumatoid arthritis, asthma, hay fever and allergic disorders, dermatoses, blood dyscrasias, and ocular inflammatory disease involving the posterior segment.

Precautions and contraindications

Patients on Alphadrol will usually experience dramatic relief without developing such possible steroid side effects as gastrointestinal intolerance, weight gain or weight loss, edema, hyper-

tension, acne or emotional imbalance.

As in all corticotherapy, however, there are certain precautions to be observed. The presence of diabetes, osteoporosis, chronic psychotic reactions, predisposition to thrombophlebitis, hypertension, congestive heart failure, renal insufficiency, or active tuberculosis necessitates careful control in the use of steroids. Like all corticosteroids, Alphadrol is contraindicated in patients with arrested tuberculosis, peptic ulcer, acute psychoses, Cushing's syndrome, herpes simplex keratitis, vaccinia, or varicella.

The Upjohn Company Kalamazoo, Michigan abnormal capillary
permeability and fragility
are factors in

internal bleeding conditions

such as

menorrhagia habitual and threatened abortion

purpura (nonthrombocytopenic)

ecchymoses epistaxis gingivitis peptic ulcer ulcerative colitis



capillary hemorrhage in duodenal ulcer

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CVP® duo-CVP (double-strength CVP)

C.V.P. helps diminish abnormal capillary permeability, fragility, and resultant bleeding by acting to maintain capillary integrity. C.V.P. is the original and an exclusive water-soluble citrus bioflavonoid complex... readily absorbed and utilized... biologically active. C.V.P. is relatively free (due to special processing) of hesperidin, naringin and other comparatively insoluble and inactive flavonoids found in citrus.

Each C.V.P. capsule, or 5 cc. (approx. 1 teaspoonful) syrup, provides :

CITRUS BIOFLAVONOID COMPOUND 100 mg

SCORBIC ACID (vitamin C) 100 mg

capsules — bottles of 100, 500 and 1000 syrup — bottles of 4 oz., 16 oz. and gallon

Each duo-C.V.P. capsule provides:

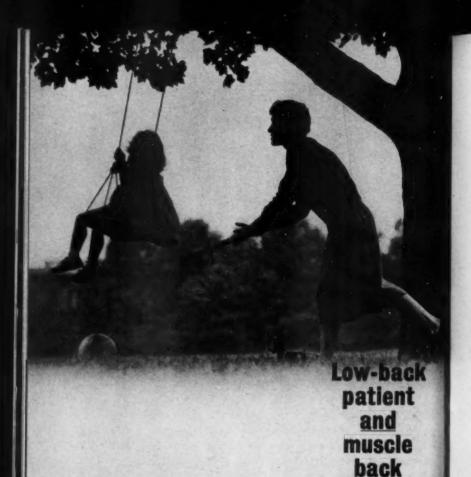
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Arlington-Funk Laboratories, division • 800 Second Ave., New York 17, New York



Prompt relief...early recovery—In low-back cases, or for any patient with inflammatory or traumatic musculoskeletal complaints, RELA offers prompt relief and the assurance of early recovery. In a study¹ of 212 conservatively treated low-back patients, 106 treated also with carisoprodol [RELA] were 'back in action' in one-fourth the time it took the conventionally treated group. RELA speeds recovery by a

combination of effects—analgesic and muscle relaxant—to reduce spasm and tension, relieve pain, restore mobility. Undesirable effects have been minimal.

Bottles of 30, 350 mg. tablets. REFERENCE: 1. Kestler, O. C.: J.A.M.A. 172.2039 (April 30) 1960. For complete details, consult latest Schering literature available from

your Schering Representative or the Medical Services Department, Schering Corporation, Bloomfield, New Jersey.

RELA

in action

You're telling us!

Medical Economics, November 20, 1961

Socialized medicine coming?

SIRS: If we're to keep ourselves out of the same miserable mess you describe in "Now British Doctors Tell You What Government Medicine Is Really Like," we doctors have got to stop pussyfooting and start organizing. Our potential striking force gives us invincible bargaining power. If carpenters strike, people can build their own houses. If plumbers strike, people can build their own outhouses. Now let's see if Ribicoff and old "Coonskin Cap" Kefauver can take care of themselves if we doctors decide to go fishing.

-Chadwick G. Brown, M.D.

SIRS: As a G.P., I sense Government medicine gradually closing in. It gives me a sick, frustrated, hopeless feeling.

-F. R. Frink, M.D.

Sirs: English G.P.s have told me they're no more than salaried clerks. They have to refer the really interesting cases to the hospitals for specialist care. It will be the same here when socialized medicine arrives, and that's when I'll be taking down my shingle and calling it quits.

—J. W. Bryan, M.D.
Louisville, Ky.

SIRS: When socialized medicine comes to the U.S., I'm going to take a course in TV repairing. Then I'll be collecting as the TV repairmen in my town do: \$6.50 for the first half-hour, \$1.50 for each additional fifteen minutes. In fact, since I charge only \$3 for office calls and \$5 for house calls, what am I waiting for? Why don't I get into the TV racket right now?—M.D., Michigan

SIRS: Let's face it: Doctors are in a minority in this country. If the people and their legislators force Government medicine on us, we'll have to accept it. So why isn't the A.M.A. proposing plans instead of letting the Government propose all the plans? Above all, let's not have a plan whereby we physicians are locked out of the benefits. Doctors get sick too. Suppose we're not "in" Social Security,

and a Social Security system of medical care is instituted; we'll then have to pay double for our hospital care—paying Government taxes as well as our private insurance premiums.

—Lawrence M. Blum, M.D. New Rochelle, N.Y.

SIRS: I get depressed when I think of the plight of the British M.D. Taking account of his long hours and Sunday calls, I estimate he's making about \$1 an hour. And socialized medicine could happen here—even though the majority of my patients seem to be against it.

—Gerald J. Kohne, M.D. Decatur, Ind.

Cockeyed consent forms

SIRS: Melvin Belli and his disciples—and a recent court decision in Kansas—indicate that "informed consent" forms should tell everything. To "tell everything" would often mean telling the patient that he might die or be permanently disabled as a result of the procedure. Suppose a doctor gives a penicillin injection. Should

the patient be asked to sign a form saying he consents with the understanding that he may develop a fatal reaction?

-Robert W. Counts, M.D. Coatesville, Pa.

Self-interest or selfishness?

SIRS: Your magazine emphasizes human selfishness and personal gain. This emphasis makes for bad medical practice and bad human relations. Medicine needs a more realistic self-assessment, and telling us how to be better businessmen with our patients isn't going to provide it.

There are few enough voices that speak to us clearly and vigorously about our continuing responsibilities. Yours is a voice that can do it—if you want to.

—M.D., Kansas

SIRS: I think your magazine is a great thing. Many of us doctors are incurable idealists: We're not in medicine for money, but for the joy that comes from helping people. Those of us who aren't money-minded need the proddings that your A

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TREATMENT OF FUNCTIONAL BOWEL SYNDROME

FOR THE

characterized by

ABDOMINAL PAINS AND CRAMPS - GAS
- DIARRHEA OR CONSTIPATION - NAUSEA
- VOMITING - ANOREXIA - PYROSIS

KANUMODIC

triple timed-release tablet for continuous, three-way relief



Each KANUMODIC tablet contains

AN ANTISPASMODIC ...

to help combat abnormality of motility due to "nervous stornach" or spasm of the G.I. tract.

A SEDATIVE ...

to help calm emotional digestive stress due to anxiety and tension.

CELLULASE ...

to increase digestive efficiency where incomplete digestion is due to enzyme deficiency.

Each KANUMODIC triple timed-release tablet contains: pentoberbial (Warning: May be habit-forming). 8 mg.; methacopolamine nitrate, 2 mg.; celtilase (Present as Dorase, Dorsey's standardized celtilase), 8.14 mg.; Pepsin, N.F., 180 mg.; Glutamic acid hydrochloride, 200 mg.; Oz bile extract, 100 mg.; Pancreatin, N.F., 900 mg. Dosage: One or two tablets, swellowed whole, with each meal.

Supply: Bottles of 80 tablets. Rx only.

DORSEY LABORATORIES . a division of The Wander Company . Lincoln, Nebraska

magazine gives us. Some day I hope to retire, and I for one need your splendid articles on how to plan it.

—Della W. Moussa, M.D. Chicago, Ill.

One way patients judge you

SIRS: Most patients know exactly what "the boss" is like by the way his aide opens the door.

—Ben L, Loventhal Service Bureau for Doctors Louisville, Ky.

No rooms for hiding

SIRS: Your picture story on the house designed by Frank Lloyd Wright reminds me again that Wright was full of gimmicks. Frankly, some of his houses weren't so hot. The purpose of a house is to keep out the rain, let the inmates have a view, and provide some closet space. Wright didn't always supply these things.

Mid-Victorian houses may have been corny, but they were wonderful places for raising children. The children had places to hide, read books, and get away from their parents. And parents had places to hide from their children!

-William F. Quinn, M.D. Los Angeles, Calif.

A case of hocus-pocus

SIRS: Carpenters, factory workers, and farmers have all increased their productivity over the last twenty years, and so have doctors. We take care of more patients-and in less time-by eliminating home deliveries and house calls, and by running efficient offices. We don't have to sit up with a patient all night to pull him through a pneumonia. That's why all this hocus-pocus about the impending doctor shortage leaves me cold.

-Henry L. Skinner, M.D. Battle Ground, Wash.

A.M.A. on a limb

SIRS: You reported the A.M.A.'s recent shake-up in its public relations department, and how somebody had to take the rap. I wonder if the A.M.A. has really missed out on P.R. programs, or is it so far out on



Low-cost, high-spe-autoclave — portal

EVERY PHYSICIAN



CAN NOW GIVE PATIENTS THE POSITIVE PROTECTION OF PRESSURE STEAM



The NEW 8816M Autoclave Redesigned to meet the same exacting steritization standards of the 8816, but at substantially lower cost and with greater capacity.

STERILIZATION One of these Amsco Autoclaves can substantially aid your efforts toward improved patient protection against the contaminated needle, or other instruments in your office.

Assurance of the positive protection of pressure steam sterilization is a comfort appreciated most highly by the physician who has faced the problem of crosscontamination. There is an authorized Amsco Dealer near you - ready to advise and serve your requirements for sterilization equipment and adequate techniques. Mailing this coupon with your letterhead will bring full details . . .



Service Centers in . Atlanta, Boston, Chicago, Cincinnati, Dallas, Denver, Detroit, Los Angeles, New Orleans, New York City, Philadelphia, Pittsburgh, Richmond, 51. Louis, St. Poul, San Francisco, Seattle, Tampa, Washington, D. C., Including a dispersed Amco Serviceman located near YOU for prompt service.

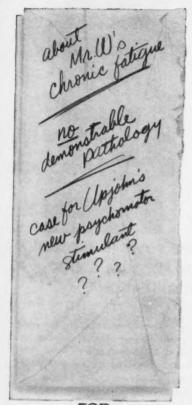
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SEE PAGE 144-146



...You're telling us!

a limb that no P.R. program can help it? For example: The A.M.A. recently approved the practice of surgeons paying the referring physicians—contrary to the long-standing disapproval of the A.C.S.

—Jesse Eisen, M.D. Columbus, Ohio

Charting stocks

SIRS: I'm fascinated with the point-and-figure analysis system you described in "Is Charting Your Stocks Worth While?" But I haven't the time to chart my own. Could you give me the name of a firm that charts stocks for investors on a subscription basis?

—M.D., Oregon

One such firm is Chartcraft, Inc., 1 West Avenue, Larchmont, N.Y., whose charts were reproduced in our article.—ED.

Get the facts

SIRS: As sure as night follows day, lawyers' letters follow visits by patients who have been injured in accidents. That's

Medical Economics, Nov. 20, 1961

the new high-potency multivitamin from Robins



a good old-fashioned value: Adabee

When they go to buy vitamins, patients may pay a penny per tablet more (nearly two cents in most comparisons) for other therapeutic formulas than they do for equally potent Adabee. Why? Just this. Adabee purchasers pay only for high-potency doses of the vitamins A, B, C, and D. Not for folic acid, or costly B₁₀, hormones, amino acids, enzymes, yeast, or other price-raising factors. Give your patient the nutrition he needs with the economy he appreciates. Next time, try it. Each yellow, capsule-shaped tablet contains: Vitamin A, 25,000 USP units; Vitamin D, 1,000 USP units; Thiamine mononitrate (B,), 15 mg.; Riboflavin (B,), 10 mg.; Pyridoxine HCl (B,), 5 mg.; Nicotinamide, 50 mg.; Calcium pantothenate, 10 mg.; and Ascorbic acid (Vitamin C), 250 mg. For minerals too, write Adabee®.M.

AH Robins Company, Inc.—Richmond, Va

why it's important to gather and record at the first examination every clinical detail of the accident and every complainteven those not stemming from the accident. This was brought home to me a few months ago when a patient of mine asked me to come see a house guest who had just been involved in an auto accident. Before I examined the woman, I asked her for all the details. A few days later came the expected letterfrom the law firm of the woman's husband! With it was a separate letter from her lawyerhusband. He expressed his appreciation that I had asked for the accident details; he had gained confidence in me as a doctor.

-M.D., New York

What's a life worth?

SIRS: Thanks for the news brief on the malpractice award that was cut from \$2,535 to \$221 after the plaintiff got finished paying his M.D.-witnesses, etc. I wish you'd said what his lawyer's fee was; it's often 50 per cent of the take.

Lawyers are allowed by law to charge 35 per cent of a man's estate in order to defend it. What screams we'd hear if doctors charged 35 to 50 per cent of a patient's estate to save his life! Let's take away these high rates that are swelling lawyers' coffers. Let's go on the offensive for a change.

-Charles H. Nicolai, M.D. St. Louis, Mo.

Dehumanized medicine

SIRS: Medical-center snobs like to play down the "human touch." They say what really counts is the "scientific touch." Then they usually add that medical centers, in spite of their size, aren't so impersonal after all.

Well, just yesterday a friend told me that his family doctor sent him to a big medical center for a cyst in the bone. His thigh was opened by a famous orthopedist who drained the cyst and attached a metallic plate to keep the femur from being fractured. The amazing thing is that he never saw the orthopedist! He'd been examined by

NDICATION: Accidental trauma

Chymoral Chymoral



cuts healing time in accidental trauma

Whether the patient presents the simple edema and inflammation of a sprained ankle or the severe lacerations and bruising from a violent accident, immediate adjunctive use of Chymoral speeds resolution of traumatic manifestations, Chymoral modifies the inflammatory reaction to trauma, dissipates edema and blood extravasates, improves regional circulation, and thus aids the body's natural reparative activities. In other general practice areas, too, Chymoral cuts healing time. Excellent results have been achieved in acute sinusitis, bronchitis, bronchial asthma, emphysema, chronic pelvic inflammatory disease, and acute thrombophlebitis.1-5

Controls inflammation, curtails swelling, curbs pain

1. Beck, C., et al.: Clin. Med. 7:519, 1980, 2. Teitel, L. H., et al.: Indust. Med. 29:150, 1980, 3. Billow, B. W., et al.: Southwestern Med. 47:265, 1980. 4. Clinical Reports to the Medical Department, Armour Pharmaseutical Company, 1980, 6. Taub, S. J.: Clin. Med. 7:2575, 1980.

CHYMORAL

Chymoral is an ORAL anti-inflammatory enzyme tablet specifically formulated for intestinal absorption. Each tablet provides enzymatic activity, equivalent to 50,000 Armour Units, supplied by a purified concentrate which has specific trypsin and chymotrypsin activity in a ratio of approximately six to one. ACTION: Reduces inflammation of all types; reduces and prevents edema except that of cardiac or renal origin; hastens absorption of blood and lymph extravasates; helps to liquely thick tenacious mucous secretions, improves regional circulation; promotes healing, reduces pain. INDICATIONS: Chymoral is indicated in respiratory conditions such as asthma, bron-chitis, rhinitis, sinusitis; in accidental trauma to speed absorption of hematoma, bruises, and contusions; in inflammatory dermatoses to ameliorate acute inflammation in conjunction with standard therapies; in gynecologic conditions such as pelvic 'inflammatory disease and mastitis; in obstetrics as episiotomies and breast engorgement, in surgical procedures as biopsies, hernia repairs, hemorrhoidectomies, mammectomies, phiebitis and thrombophiebitis; in genitourinary dis orders as epididymitis, orchitis and prostatitis, in dental an oral surgery as fractures of the mandible or maxilla, difficult or multiple extractions, and alveolectomies. CONTRAINDICA-TIONS: None known. INCOMPATIBILITIES: None known. Antibiotics as well as generally accepted measures may be coadministered. SIDE EFFECTS: Mild gastric upsets, rarely encountered. DOSAGE: Recommended initial dose is tablets q.i.d.; one tablet q.i.d. for maintenance. SUPPLIED: Bottles of 48 and 753 tablels.



ARMOUR PHARMACEUTICAL COMPANY KANKAKEE, ILLINOIS Originators of Listica®

CHYMORAL ORAL systemic anti-inflammatory enzyme lable.

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me? use vinegar?

my doctor recommends Massengill Powder!

Patients like Massengill Powder. Its clean, refreshing fragrance and convenience are acceptable to the most fastidious.

Massengill Powder offers other sound advantages. Massengill Powder is buffered to maintain a pH of 3 to 4.5 for 4 to 6 hours in ambulant patients... 24 hours in recumbent patients. Vinegar douches are quickly neutralized.

Massengill Powder has a low surface tension (50 dynes/cm.; vinegar is 72 dynes/cm.). This lower surface tension means more effective penetration and cleansing of the folds of the vaginal mucosa.

Massengill Powder is a valuable adjunct in treatment of vaginal infections. Its low pH inhibits proliferation of fungal, protozoan and bacterial pathogens but is favorable to the beneficial Döderlein bacilli.

Patient cooperation is assured when Massengill Powder is recommended. Write for samples and literature.

Formula: Ammonium Alum, Boric Acid, Phenol, Eucalyptol, Berberine Salt, Menthol Isomers, Thymol and Methyl Salicylate.

MASSENGILL POWDER

THE S. E. MASSENGILL COMPANY





the pharmacologic handkerchief

TRIAMINIC* RELIEVES STUFFED AND RUNNING NOSES ORALLY. Triaminic—containing the outstanding oral nasal decongestant, phenylpropanolamine, plus two complementary antihistamines—reaches all respiratory membranes systemically—provides more effective, longer lasting relief—avoids rebound congestion and other hazards of topical medication. Relief is especially prompt and prolonged because of the special timed-release action. INDICATIONS: nasal and paranasal congestion, sinusitis, postnasal drip, respiratory allergy. Each Triaminic timed-release tablet provides: phenylpropanolamine hydrochloride 50 mg., pheniramine maleate 25 mg., pyrilamine maleate 25 mg. Triaminic's special timed-release tablet design affords 6-8 hours of relief.

Also available: TRIAMINIC JUVELETS*-½ the formulation of the Triaminic Tablet with timed-release action. TRIAMINIC SYRUP—each tsp. (5 ml.) provides ¼ the formulation of the Triaminic Tablet. New TRIAMINIC CONCENTRATE—drop dosage for infants and younger children. A specially calibrated dropper assures accuracy of dosage.

DORSEY LABORATORIES . a division of The Wander Company . Lincoln, Nebraska

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the orthopedic resident, who also took the personal history. Later, when he asked the resident why the famous orthopedist had never come to see him, the resident answered: "It just wasn't necessary. The X-ray told him the whole story."

I think this incident summarizes the whole battle between modern "scientific" medicine and old-fashioned "human touch" medicine. Medical-center medicine doesn't want manto-man contact. All that seems to be necessary is a shadow on a plastic film—the shadow, not the person.

"It was better in the Army," my friend said to me. "There your medical officer saw you, looked at you, talked to you. Sure, Army medicine was sometimes bungling and inefficient. I suppose all Government medicine is—but at least it gives human contact with your doctor."

All of which makes me think that the real threat to private practice isn't from the Government; it's from the big medical centers where patients are treated like robots.

-M.D., Tennessee

Medical Economics, Nov. 20, 1961

even seemingly "intractable" dermatoses often yield to new DESITIN* COR-D-TAR**

Hydrocortisone (1/4% or 1%) dramatically suppresses inflammation and itching.

cream

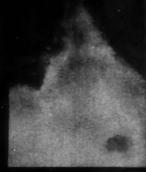
- Diiodohydroxyquin (2%) combats bacterial and fungal infection.
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in a water-miscible elegant cream base Patients will appreciate the rapidity with which DESITIN COR-D-TAR CREAM controls distress and promotes the healing process in such common dermatoses as eczemas (infantile and adult), allergic dermatitis, superficial infections.

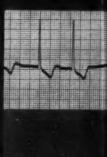
Available with 4% hydrocortisone in decidedly economical tubes of 1 oz.; 1% hydrocortisone, tubes of 42 and 1 oz.

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812 Branch Avenue, Providence 4, R. I.

before treatment*



Cardiac enlargement and pulmonary congestion.



Left ventricular strain and hyptrophy (ST depression in Lead V

after one month on



Reduction in heart size an clearing of congestion



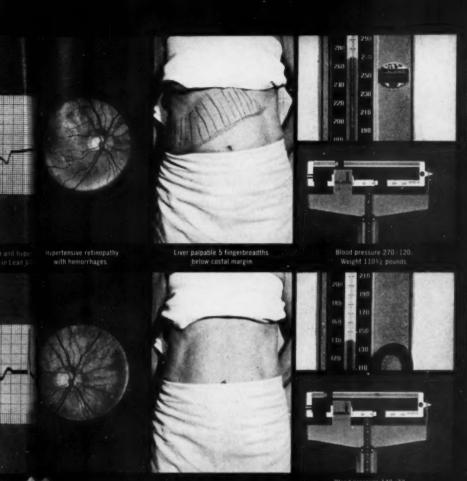
Changes toward norma . (less ST depression)

*case report

effective by itself in many hypertensives... indicated in all degrees of hypertension

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HYDROPRES-25

25 mg. HydroDIURIL hydrochlorothiazide, 0.125 mg.reserpine per tablet. One tablet one to four times a day.

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25 mg. HydroDIURIL hydrochlorothiazide, 0.125 mg. reserpine, 572 mg. potassium chloride (equivalent to 300 mg. potassium) per tablet.

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50 mg. HydroDIURIL hydrochlorothiazide, 0.125 mg. reserpine per tablet. One tablet one or two times a day.

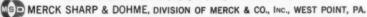
HYDROPRES-Ka¹50

50 mg. HydroDIURIL hydrochlorothiazide, 0.125 mg. reserpine, 572 mg. potassium chloride (equivalent to 300 mg. potassium) per tablet.

It is essential to reduce the dosage of other antihypertensive agents, particularly the ganglion blockers, by at least 50 per cent immediately upon addition of these agents or of HYDROPRES Tablets to the regimen.

Before prescribing or administering HYDROPRES, the physician should consult the detailed information on use accompanying the package or available on request.

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IN THIS FANTASTIC GROWTH BY INVESTING LOW IN



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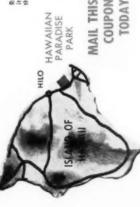
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A FREE COLOR PICTURE OF YOUR LOT sent to you within 90 days after receipt of your down payment. BUYER A live, growing, orchid plant for your home, with instructions for its care.
WITH OUR A FREE COLOR PICTURE OF YOUR LOT sent to you within 90 days a
COMPLIMENTS



References—Bank of Hawaii; Hawaii Island Chamber of Commerce; HAWAIIAN PARADISE PARK has filed its financial statement with Dun & Bradstreet; this rating is available to their subscribers as a part of their service. HAWAIIAN PARADISE PARK CORPORATION . 2207 Kalakaua Avenue, Honolulu, Hawaii Enclosed find \$ Please reserve lot(s) for me in HAWAIIAN PARADISE PARK at \$50 down; \$20 per month. Full Price

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- 2 does not produce ataxia
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- 4 does not produce Parkinson-like symptoms, liver damage or agranulocytosis
- 5 does not muddle the mind or affect normal behavior

Miltown Wallace

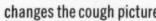
Usual dosage: One or two 400 mg. tablets t.i.d. Supplied: 400 mg. scored tablets, 200 mg. sugar-coated tablets; bottles of 50. Also as MEPROTARS #—400 mg. unmarked, coated tablets; and in sustained-release capsules as MEPROSPAN®-200 (containing respectively 400 mg. and 200 mg. meprobamate).



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by stopping the cough-clearing away mucus-aiding respiration-soothing the throat-and calming the patient.

IN EACH 30 ml. (1 fl.oz.) THERE'S:

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All carefully blended into a fast-acting, good-tasting, apricot-flavored syrup that patients readily take.

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83	83.2	One (mild rash)
50	97	None
50	96	None
100	80	None
50	72	None
	Patients Treated 83 50 50 100	Patients Treated Satisfactory Response 83 83.2 50 97 50 96 100 80

References: (1) Sands, R. X.: Trigonitis during Pregnancy: A Method of Treatment, New York St. J. Med. 61: 2598-2602, 1961; (2) Haas, Jr., J., and Kay, L. E.: Management of Urinary Tract Infections. Southwest. Med. 42:30-32, 1961: (3) Renner, M. J., et al.: Urinary Tract Infections: Treatment with Antiseptic-Antispasmodic Agent. Hosp. Topics 39:71-73, 1961; (4) Marshall, W.: Treatment of Cystitis in General Practice, Clin. Med. 7:499-502, 1960; (5) Strauss, B.: Treatment of Urinary Tract Infections in the Elderly, Clin, Med. 4:307-310, 1957.



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The best known antiflatulent

Mylanta Tablets: ONE TABLET CONTAINS: Magnesium Hydroxide 200 mg.

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SUGGESTED DOSAGE: To be taken between meals and at bedtime. Tablets: One or two tablets, well chewed. Liquid: One or two teaspoonfuls.

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Medical Economics

November 20, 1961

New way to invest in real estate

Real estate investment trusts offer you diversification, tax benefits, and marketability—all at low cost

By Emanuel B. Halper, LL.B.

A Wisconsin G.P. tells me he invests in real estate because "the supply of land was fixed when the earth took shape. So as the population keeps growing, the demand for that limited land will keep pushing prices up."

If you share this doctor's enthusiasm for real estate investments, you may want to consider a new investment medium: the real estate investment trust. The trust pools the money of thousands of investors and uses it to buy office buildings, shopping centers, hotels, apartment houses, mortgages, and the like. Investors share in the profits and losses of these

real estate ventures. Brokers expect yields to be around 7 to 9 per cent—with part of the distribution tax-free.

A real estate trust offers four major advantages to the investor: tax benefits, diversification, marketability, and low cost. You can't get that combination of advantages anywhere else in the real estate investment world. Let's look at these four advantages:

1. A real estate trust gives you tax benefits. Since the trust can avoid paying income tax on its net income, there's more money available to you, the stockholder. And when that money is passed on to you, it

THE AUTHOR, a lawyer in New York City, specializes in real estate and taxes.

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falls into three different tax categories:

¶You get the return of the capital portion of your income from the trust. Here's how that's determined: Depreciation is a tax deduction for the trust, but that depreciation doesn't actually reduce the amount of cash available to the investor. When amortization costs are subtracted from the depreciation write-off, the remaining cash is return of capital. You pay no tax on this portion of the trust's distribution.

¶ You may get capital-gains distributions. On these, you'll pay a 25 per cent income tax at most. But in the early years of a trust's existence, there won't be many capital-gains distributions because a trust must hold most of its property four years before it can sell it on a capital-gains basis.

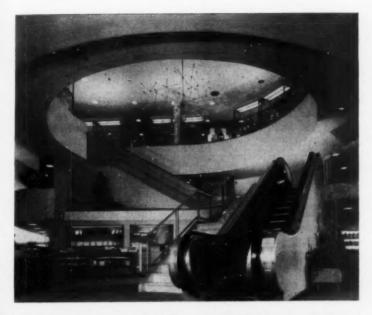
¶ You get the ordinary-income portion of the trust's distribution—the money that is neither return of capital nor capital gains. On the ordinary income distribution, you pay your regular income tax rates.

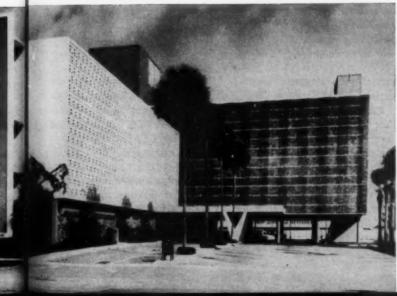
What offsets these tax ben-

How to be a landlord on a shoestring

By investing as little as \$30 in one of nine newly formed real estate investment trusts, you can be one of the "landlords" of income-producing properties such as the R. H. Stearns store (right), Newton, Mass., and the Bayview office building (below), Fort Lauderdale, Fla. Such trusts pool money from thousands of investors to buy hotels, shopping centers, and other real properties. Investors get tax benefits, marketability, low cost, and diversification.







efits? When you buy into "REITs"—as real estate investment trusts are called—remember these tax limitations:

The I.R.S. won't let you take a tax deduction for any lossordinary or capital-that your trust may incur. Secondly, you must reduce the tax basis of your shares by the amount of tax-free return of capital distributions you get. Suppose you paid \$1,000 for your shares, and received \$300 in return of capital distributions over a threeyear period. At the end of the three years, you decide to sell your shares. You would have to subtract that \$300 from your original cost (\$1,000) when computing your profit from the sale of those shares. In effect, you'd postpone the capital-gains tax on your return of capital until you sold.

Finally, you can't consider the distributions you receive from the trust as dividends in the strict sense of the word. Thus you can't take the 4 per cent dividends-received credit and the \$50 dividends exclusion that you would ordinarily get with dividends from common stocks or from a savings institution.

2. A real estate trust gives you diversification. You've probably heard that word hundreds of times in your investment career. In real estate it means owning several different types of property. Consider the case of a Texas physician to see how really important diversification is:

The doctor pooled his money with that of four associates to buy a two-year-old motel-their only real estate investment. The motel's rooms were air-conditioned and attractive, rates were modest, and there was no local competition. A year later, the doctors sold at a staggering loss. Their motel's occupancy rate had dropped to 35 per cent. Why? Potential customers were being attracted to two motels that had sprung up in the area. The newcomers had the added attraction of a swimming pool at no extra cost. The moral: When you buy property directly, you don't get the diversification and relative safety of a realty trust.

3. A real estate trust gives

20 real estate investment trusts

American Realty Trust, 608 13th St., N.W., Washington, D.C.

California Properties, 606 Bank of America Bldg., San Diego, Calif. California Real Estate Investors, 12014 Wilshire Blvd., Los Angeles,

Continental Real Estate Investment Trust, 530 St. Paul Place, Baltimore, Md.

Calif.

Dennis Real Estate Investment Trust, 90 State St., Albany, N.Y.

Denver Real Estate Investment Fund, 660 17th St., Denver, Colo.

First Continental Real Estate Investment Trust, 105 West Adams St., Chicago. Ill.

First Diversified Real Estate Association, Medical Arts Bldy., 627 Salem Ave., Dayton, Ohio

First Mortgage Investors, 30 Federal St., Boston, Mass.

First National Real Estate Trust, 15 William St., New York, N.Y.

Flato Realty Investments, 4141 Russell Drive, Corpus Christi, Tex. Greenfield Real Estate Investment Trust, Bankers Securities Bldg., Philadelphia, Pa.

Liberty Real Estate Trust of Florida, 1230 North Palm Ave., Sarasota, Fla.

Nation-Wide Real Estate Investment Trust, 10 Post Office Square, Boston, Mass.

Real Estate Investment Trust of America, 294 Washington St., Boston, Mass.

Stephen Realty Investment Company, 1930 Sherman St., Denver, Colo.

Thirty North La Salle Street Realty Fund, 30 North La Salle St., Chicago, Ill.

U.S. Realty Investments, Hippodrome Bldg., Cleveland, Ohio

Washington Real Estate Investment Trust, 919 18th St., N.W., Washington, D.C.

Western Land Trust Fund, 1031 First Western Bldg., Oakland, Calif.

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¹ Now selling shares over the counter. ² Now selling shares on the American Stock Exchange, All others are in the process of registering with the Securities and Exchange Commission.

you marketability. Since shares of realty trusts are sold either over the counter or on the American Stock Exchange, you can sell whenever you want—but not necessarily at the price you want. You're in the same league as the man who owns stock in any of the thousands of publicly owned corporations: Stock prices go up, and they go down—depending on supply and demand.

The realty trusts now available are all closed-end trusts. They're a lot like closed-end investment companies with portfolios of corporate stocks. There may soon be open-end realty trusts, similar to the popular mutual funds. When such funds are formed, you'll be able to redeem their shares directly from the funds themselves. The value of each share will be directly proportionate to the value of the trust's net assets. Investors in such open-end REITs won't be victims of the whims and fancies of the market place. But there's one big obstacle facing the open-end REIT: How can a fixed dollars-and-cents value be placed on real estate

property on a daily basis? It's a controversial problem that has not yet been resolved.

4. A real estate trust has low-priced shares. A spot check of nine realty trusts now on the market shows that the prices per share are all under \$26. That's comparable to the average per-share price for corporate syndications. But it's a far cry from the mandatory minimum of \$2,500 required by most limited partnership syndicates.

Since the realty trust is a newcomer to the investment community (it was authorized by Congress last year, made effective January 1, 1961), you can't look to the trusts' past experience for a glimpse into the future. Your best bet is to find out what the law demands of them. Here are the seven major dos and don'ts that trusts must abide by if they want to get the favored tax treatment:

- 1. The trust must not actively manage its own properties. Such work must be done by an independent contractor who must not own more than 35 per cent of the trust.
 - 2. The trust must pay out at

least 90 per cent of its income. It then pays regular corporate taxes on only the remaining 10 per cent. But if the trust chooses to pay, say, 99 per cent to its shareholders, then it pays a corporate tax on only the undistributed portion—1 per cent in this example. However, if the trust fails to meet that 90 per cent minimum requirement, it's then liable for the regular corporate taxes on all its income—even the portion distributed.

- 3. At least 90 per cent of the trust's gross income must come from investments, and 75 per cent must come directly from real estate investments.
- 4. The trust can set rents on its commercial property based on a percentage of the tenants' sales (this is often done with supermarkets and chain stores). But it can't set rents based on the tenants' profits.
- 5. Profits from sales of securities held less than six months, plus profits from sales of real estate held less than four years, must not amount to more than 30 per cent of annual gross income. This eliminates short-term dealing.

- 6. The trust must have at least 100 shareholders. And no five or less may own more than 50 per cent of the trust.
- 7. Seventy-five per cent of the trust's total assets must be in real estate interests, cash, and Government securities. Of the remaining 25 per cent, not more than 5 per cent of total assets may be invested in securities of any one company—and the trust may not own more than 10 per cent of any one company's voting stock.

How do you go about investigating a realty trust? Ask your broker to supply you with the prospectuses of those trusts now doing business. Or write for them directly to the trusts (see list on page 85 for names and addresses). But before you get the prospectuses, you should decide whether you want to speculate or to be relatively cautious in this field. Then read them with an eye to finding a trust that shares your aims. Here are some signposts that will help you.

Is there an existing portfolio of properties? Some trusts are selling shares on the

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strength of upcoming purchases. A negative answer to this question rates a strong chalk-mark in the speculation column.

Are there several types of commercial property—motels, apartment houses, office buildings—in the portfolio? If so, you can mark a point in favor of caution. If the holdings are limited to one type, you're speculating.

¶ Are the properties all in the same geographic area? If they are, it's a speculation. But if they're spread over several states, you're on safer ground.

¶ Is the portfolio limited to only three or four pieces of property? If so, it's a speculative undertaking—even if each is a different type of incomeproducing property.

Check a firm's research before buying its stock

Before you invest in a company, it's a good idea to check its research spending as well as its earnings record. Though the cost of research and develop-

ment programs is rising, such programs have paid off for most companies in recent years, according to investment counselor David L. Babson. That's why investors can regard "R & D" expenditures in the same light as retained earnings: Both indicate a growth potential.

How do you check a company's research spending? Some companies publish the figures in annual reports, a fairly reliable measure of "R & D" programs. But many don't list these figures. And some companies with small research budgets turn out more promising new products than companies with more ambitious research programs. For these reasons. Babson suggests another yardstick for gauging the effectiveness of a corporation's research: Find out how many patents the company was granted in past years.

Once a year, around April or May, the U.S. Government Printing Office (Washington 25, D.C.) publishes this information in its "Index of Patents Issued From the U.S. Patent Office." Priced at around \$6, it

lists every patent issued to companies during the previous year. It's especially useful for long-term investors because patents may not pay off for five years or more. Monsanto Chemical, for example, reports that the 371 items it's introduced in 1951-59 contributed more than 25 per cent of its sales and profits in 1959.

Here's Babson's list of firms granted the most licenses by the Patent Office during the past few years. Each of these companies was issued at least 100 patents in 1959 and 100 in 1960:

American Cyanamid, American Telephone & Telegraph,

Bendix, Borg-Warner, Burroughs Corporation, Dow Chemical, du Pont, Eastman Kodak, General Aniline & Film, General Dynamics, General Electric, General Motors, General Telephone & Electronics, International Business Machines, International Harvester, International Telephone and Telegraph, Minneapolis-Honeywell Regulator, Monsanto Chemical.

Olin Mathieson Chemical, Phillips Petroleum, Radio Corporation of America, Shell Oil, Sperry Rand, Standard Oil of Indiana, Standard Oil of New Jersey, Sun Oil, Texaco, Union Carbide, Universal Oil Products, Westinghouse Electric.

Limpid pools

I examined the fundi of my hypertensive patient's eyes. Then, forgetting to explain to her the advisability of a urinalysis in her case, I gave her a bottle and directed her to the lavatory. Afterward, I learned, she confided to a friend: "He's a simply wonderful doctor! All he did was look in my eyes, and right off he understood I had to go!" —Alessandro Rizzo, M.D.

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Plenty of doctors got this view of Judge Irving Goldstein when he cross-examined them during his days as a noted trial lawyer

By John R. Lindsey

Tips from a trial judge:

How to avoid

"Good afternoon, Mr. Lindsey," bellowed the judge. I winced as I hurried down the center aisle. Afternoon? It wasn't even 9:20 A.M., and I'd never known an A.M.A. medicolegal symposium to start that early. I slipped sheepishly into my seat at the press table, and the lead-off speaker, Judge Irving Goldstein, continued:

"Gentlemen, Mr. Lindsey once wrote up some remarks of mine for MEDICAL ECONOMICS.*
He turned them into such a damned good speech, I've been quoting myself ever since."

This was typical Goldstein technique: Needle 'em, but make 'em laugh. It was the kind of showmanship that's practiced by every good trial lawyer and teacher—and Judge Goldstein has been both. Now he's a trial

^{*}See "Afraid of Cross-Examination? You Should Be!" May 11, 1959, issue.

hurting yourself as a witness

court judge in Illinois's Cook County (Chicago) and is no longer harassing doctors in murderous cross-examination. I wondered how they looked to him now, from the other side of the bench. After the meeting I asked him.

"Well," he said with a grin, "no matter what their profession, fools and phonies look the same to the judge as they do to the attorney. Not that most doctors are either; they're fine, honorable men. But they're not all A-1 medical witnesses."

"Why's that?" I asked.

"Even some of the best doctors get rattled in the witness box. They get impatient. They resent the questions being thrown at them because they don't fully understand the adversary procedure of the American trial system. They don't realize that opposing counsel

will object soon enough if the questioning ever really gets out of line. And even if the cross-examiner does have a card up his sleeve, you can be sure that no lawyer in his right mind is going to attack an honest, able medical witness. He'd be damaging his own case if he did. On the other hand, if the lawyer suspects he's dealing with a faker or a perjurer—"

I raised my hand to interrupt the judge. "Let's stay with the honest, capable doctor," I suggested. "How does he get into trouble on the stand? You mentioned impatience a moment ago. Let's go back to that point."

"O.K., let's take impatience," said Judge Goldstein affably. "I sometimes call it forgetting the value of showmanship. I'll give you an idea of the damage it can do to a witness's

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testimony." He told me about a recent case in which a wellknown roentgenologist was put on the stand and asked to examine an X-ray film. Obviously impatient, he barely glanced at it before announcing that no pathology showed in the X-ray. During cross-examination, the opposing attorney reminded the jury of the witness's haste in putting the film aside. Then he concentrated his fire on how often the radiologist had appeared in court for transit lines (the defendants in this case) and how much he had been paid for each appearance. The questions were perfectly proper; but in sequence they gave the jury the idea that the doctor was saying patly what he'd been paid to say. His credibility was shaken, if not discredited.

"What could the doctor have done to avoid this?" I asked.

The judge answered without hesitation: "He could—and should—have taken his time with that film. A little showmanship would have strengthened his hand. The able medical witness will make—or at least appear to make—a conscien-

tious effort to examine an X-ray or any other exhibit, even if he's seen it many times before."

What are some other ways a well-meaning doctor can get in trouble? One way, according to Judge Goldstein, is to let his own importance be exaggerated. He told me about a physician who testified concerning a problem in surgery. To make himself sound more important, the man allowed his lawyer to bring out in direct examination that he was on the attending staff in surgery at three local hospitals. Although this was technically true, he hadn't performed surgery at any of them for five years. "So under crossexamination he was wide open." the judge concluded. "Wide open. Opposing counsel made him look like a charlatan."

"Well, after all, his own lawyer——" I began. But the judge cut me short.

"A doctor must be completely frank with his lawyer before appearing in court," he snapped. "And this doctor had not been. Otherwise, his lawyer would have established that though he hadn't actually done any surgery for five years, he did have considerable knowledge of surgical techniques."

The judge then told me of a third way in which a doctor can hurt himself as a witness: by failing to bring pertinent office records to court, then saying he didn't think they were important. Any good trial lawyer will try to show that such a physician is either hiding something or attempting to recall from memory the facts that appeared on one out of hundreds—perhaps thousands—of patients' records.

"So the doctor admits that his office records have some bearing on the case, some importance to the court, does he?" barked Judge Goldstein in his best trial lawyer's voice. "Then



"You shouldn't take things out of context. The period I missed was on the typewriter."

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why didn't he bring them to court?"

I must have looked startled. for the judge began to smile. He rose and held out his hand. "Don't be scared," he said. "I told you the honest, capable doctor commands the court's respect. Nobody's going to tangle with him if he's done his homework. His lawver's told him what to expect on direct examination. And as long as he's answered the direct examination truthfully, patiently. and carefully, he's got nothing to worry about under crossexamination. And suppose somebody tosses him that old chestnut, 'Have you talked with anyone about this case. Doctor?' If he's on his toes, he can toss it right back with a grin. 'Yes, I have. With my lawyer!"

Jury gives 'a penny for each painful breath'

With plaintiffs' attorneys getting juries to put price tags on pain and suffering, it's small wonder that many malpractice and other damage suits begin to sound like the TV show "The Price is Right." Take this recent case:

New York attorney Albert Averbach's client had broken two ribs in a car accident. Such a case, Averbach notes in Case and Comment magazine, usually "does not present a particularly exciting vista for a substantial jury verdict." Nevertheless, he managed to broaden that vista considerably. "My client," he reports, "had previously testified that every time she drew a breath, day and night . . . for two months, it hurt her."

In the courtroom, Averbach gave her doctor paper and pencil and asked him to compute how many breaths the plaintiff took in two months. The answer: 1,-555,200. He then asked the jury to consider at least "a penny for each painful breath"—or \$15,-552—as fair and adequate compensation for his client's injuries.

"I am happy to report that the jury nobly responded to my suggestion," Averbach concludes. "This was particularly gratifying, because the pretrial offer in this case was \$2,000."

$\frac{Act \ \underline{now}}{to \ cut \ your \ income \ taxes}$

There's still time to save taxes on your combined 1961 and 1962 income by shifting practice earnings and expenses from one year to the other. Here's how to do it

By Sheldon Gorlick, LL.B.

The peaks and valleys that occur from year to year in your income can cost you plenty because of our graduated income tax rates. But you can do a lot to level off those peaks and valleys in the next few weeks and thus lower your over-all tax bill. For example: Suppose you're married and had taxable incomes of \$15,000 for 1959 and \$25,000 for 1960. You paid income taxes of \$10,850 on that total taxable income of \$40,000. If you'd been able to report \$20,000 income for each year, you'd have shaved your total tax bill for the two years by almost \$300!

It's not too late to adjust your

taxable income for 1961 and thus reduce your combined taxes for 1961 and 1962. You can do this if you expect your 1962 income to go either up or down. Here's how to go about it:

If your practice income is likely to grow in 1962, shift as much of your taxable income as possible to 1961. You can do this by collecting as many fees as possible before December 31 of this year. With good planning, you may be able to double your normal receipts during the next six weeks. That was the experience of an obstetrician I'll call Dr. McGowan.

Dr. McGowan began his stepped-up collection program in

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November, 1960, after a check of his books showed that an extra-heavy schedule in 1961 would probably raise his income for this year about \$10,000 above his 1960 income. As a starter, he suggested to OB patients that if they wanted to take the medical deduction that year, they might pay the entire fee in advance of delivery. He collected still more fees in 1960 by sending out statements on December 15 to patients who would normally be billed at the end of the month. And he tactfully reminded all his patients about the tax advantages they would get by paying medical bills before the end of the year, assuming they planned to itemize their deductions.

By the time Dr. McGowan closed his books for 1960, he had taken in about \$4,500 more than he would have collected by following his usual collection procedure. The extra money reduced the following year's gross to about the same amount that he'd collected in 1960—and saved him over \$200 in taxes over the two-year period.

While you're accelerating col-

lections this way, you can decelerate payments for professional expenses. Do this by (1) arranging post-January 1 billing dates on all medical supplies you order between now and the end of the year, and (2) postponing payment of bills for professional items previously ordered until after January 1. Such delayed payments will give you extra deductions when you'll need them more—in 1962 when your total income will be higher.

That's what you can do in the next few weeks if you expect your income to go up in 1962. On the other hand:

If your practice income is likely to decline during 1962, shift as much of your taxable income as possible from 1961 to 1962. To accomplish this, simply reverse the formula for a rising income. Specifically:

Postpone collection of as many fees as possible until after December 31. Two good ways to do this are to wait until January to send out bills normally mailed in December, and to arrange installment payments for patients with sizable bills. But in cases where a delay might

Year-end tax strategy for your personal deductions

To decrease	To decrease
1961 taxable income	1962 taxable income
Make both 1961 and	Make both 1961 and
1962 contributions	1962 contributions
before Dec. 31.	after Jan. 1.
Pay January, 1962,	Pay December
mortgage and other	mortgage and other
loan installments	loan installments
before Dec. 31.	after Jan. 1.
Pay all 1961 bills	Pay all outstanding
before Dec. 31 (if	1961 bills after
total exceeds 3 per	Jan. 1 (if total ex-
cent of your net in-	ceeds 3 per cent of
come).	your net income).
If permitted in your area, prepay amounts due in 1962 before Dec. 31.	Pay 1961 taxes after Jan. 1, 1962 (if late-payment penalties don't exceed tax savings).
	Make both 1961 and 1962 contributions before Dec. 31. Pay January, 1962, mortgage and other loan installments before Dec. 31. Pay all 1961 bills before Dec. 31 (if total exceeds 3 per cent of your net income). If permitted in your area, prepay amounts due in

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If you can advantageously postpone collections, your tax savings may be considerable. A New York pediatrician, for example, managed to hold off collecting \$3,000 until the year after he retired. Since his tax rate had dropped 20 percentage points, he saved \$600 in taxes.

Second thing to do if you anticipate a drop in income: Pay as many expenses as you can before January 1. For instance, a general practitioner I know expects his income to decline temporarily next year because he's taking on a partner. He's already paid all outstanding bills, and by the end of December he plans to order and pay for enough supplies to take care of most of his needs until next March. He's even thinking of replacing an X-ray machine now and taking the extra 20 per cent first-year depreciation allowance.

Will any of these measures help you if your practice income is steady? The answer is: probably not. But even in a steady practice, special circumstances can raise an income peak. If your income was unusually high this year, use the same formula recommended for a physician whose income is falling. If you foresee a peak next year, use the prescription for a physician whose income is rising.

In mapping your year-end tax strategy, you can also help even off your taxable income for 1961 and 1962 by proper timing of personal deductions (see the box on page 97) and investments.

If you've had a good year professionally, this may be the time to sell stocks that have gone down in price since you bought them. But if you expect to earn more in 1962, you may want to consider selling those that have gone up. Whether you're selling for a loss or a gain, you must do it in time to make the transaction count on your 1961 tax return. If you're in doubt, check with your broker. And remember these two rules:

1. Let investment gains ride for at least six months. This will establish your profits as longterm capital gains and save you at least half the taxes you'd pay on short-term gains. 2. If possible, avoid taking losses and long-term gains in the same year. You want your losses to offset highly taxed regular income—not lightly taxed capital gains. For example, if you're in the 47 per cent bracket this year and have a long-term gain of \$1,000 with

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no offsetting loss, taxes will take only \$235 of it. A \$1,000 loss before the end of the year would cancel out the profit and save only the \$235 tax. But if you sustained the \$1,000 loss next year, it could be used to offset ordinary income instead, thus saving you \$470 in taxes.



"I have it on good authority, Peebles, that your blood pressure is down and your ulcer is inactive. Am I to conclude from this that you no longer care about moving up in the firm?"

Aid for your aide:

The best way to file medical



Aide Peggy Bowles quickly finds a patient's folder in the sevenshelf numerical file at the Pinehurst (N.C.) Surgical Clinic.

records By Horace Cotton

Floor space in your office costs money. So does your time—and your aide's. These tips, addressed to her, will help her organize her files to save all three

You've just ushered a patient into an examining room and handed her folder to your doctor. Back at your desk, you hear the doctor's voice through the intercom: "I'll need Mrs. Shearwood's record, please." You're about to answer: "I just gave it to you, Doctor," when he continues: "Mrs. S-h-e-a-rwood." Darn! You've given him Mrs. S-h-e-r-wood's.

But where is Mrs. Shear-wood's record? It's not in the regular files. Not in the inactive file, either. Try that pile of folders on your desk. There it is—right where you put it Friday when you added that last lab report. Meanwhile, ten minutes have gone from your busy morning, and now you face an

extra walk down the corridor to an irritated boss and a miffed patient.

You'll find the cure for this and other filing flubs in an old proverb: "The more hurry, the worse speed." Filing is a procedure that calls for deliberation, not jet propulsion. And it begins with three basic decisions you and your doctor must make about the kind of filing system that's best for you:

1. Choose between a unit filing system and a set of classified files. A unit system houses the records of all your doctor's patients, new and old, in one place. Classified files group your patients' records in categories such as "active," "inactive," and "closed." Active rec-

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... Your assistants

ords concern patients currently under treatment. Inactive records concern patients who have not been in for six months or a year. Closed records are those of deceased patients or patients whom you haven't seen in, say, three years.

You can also classify your files chronologically—though this is an inconvenient method, and I don't recommend it.

A numerical file is best when you have 5,000 or



At the large Pinehurst clinic, Mrs. Bowles checks the rotary master index to find the number assigned to a patient in the numerical shelf file. There (opposite page) she pulls out the folder, on which the

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Here's why: As each new patient is registered, his record goes into a drawer marked for that year. But if he doesn't turn up again for several years, he (or you) will have to remember when he last came in. Another filing system I don't recommend is the one classified by age and sex of patients.

Which is best—a unit filing system or a set of classified

more records

or





number and the name and address of the patient have been typed in the top right-hand corner. The open folder (right) shows the practicality of keeping various records in a single unit.

Medical Economics, November 20, 1961

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files? Because it centralizes your files and reduces record-hunting, I recommend a unit filing system for all patients, past and present, except those you know to be deceased. Their records can go to your store-room. (And speaking of deceased patients, let me caution you against calling your closed file your "dead" file!)

How is a unit filing system set up? That question brings us to your next decision:

2. Choose between an alphabetical and a numerical filing system. In most medical offices with fewer than 5,000 patient-files, alphabetical filing is best. But for more than 5,000, consider numerical filing.

Assuming yours is an alphabet office, here are some tips to speed up filing and finding:

¶ Don't handwrite patients' names on the folder tabs. Type them on gummed labels instead. And if you use a different pastel color for each letter of the alphabet, it will be all the harder to misfile the folder.

¶ Don't skimp on file guides—the cardboard separators that divide the folders into groups. The set of guides that divides a file down by each letter of the alphabet isn't enough. If you have 5,000 patient-folders in your files, you need at least 200 guides—one for every twenty-five folders. And it's a good idea to buy durable file guides.

File your individual patient-folders according to a progressive alphabetical arrangement up to the third or fourth letters of the patients' last names—i.e., Abard, Abbott, Abel, etc. When last names are identical, use first names to break the deadlock. If first names match, too, use the middle name or initial.

¶ If a name has a prefix, as in de Wolfe or van Kampen, file by the first letter of the prefix. The two I've mentioned belong under D and V.

¶ Regard Mac or Mc as a separate letter of the alphabet and give it a place of its own, preceding the letter M.

In case you decide on numerical filing, you must have an alphabetical guide to the num-

THE AUTHOR is a medical management consultant in Southern Pines, N.C.

bers. Either you have a master alphabetical file on cards or strips (see page 102), or you use your alphabetical account card file as the key to your numbered records. In the latter case, put the patient's medical-record number at the top right-hand corner of his account card. Then when you look up a patient's number, you can learn the status of his account at the same time.

What's the advantage in numerical filing? Speed. You can find Number 7349 faster than you can fish out Ernznosky. You need fewer guide cards, too; one guide per 100 records usually suffices in a numerical system.

Now let's turn from filing systems to the actual records your files contain. Here's the third decision you and your doctor should make:

3. Choose between a unit record and a set of classified records for the clinical data on each patient. A unit record brings together in one folder all the clinical data accumulated about one patient. A classified system distributes

this material around the office according to content. Thus, in a classified system, the patient's folder contains only the doctor's personal notes on the patient. In another cabinet, you keep ECG tracings for all patients. Elsewhere, you file all lab reports, X-ray reports, etc. Correspondence with other physicians concerning patients is filed in still another place. The classified system's drawbacks are revealed when you try to round up everything relating to John Doe.

Unit records are best—especially for partnerships. Not long ago I saw a three-man practice with separate sets of classified records for all three doctors. To assemble all records on any one patient, an aide would have to look in about eighteen different files!

One final point: Whether you file your medical records my way or not, file them every day. It doesn't much matter whether you do so at the end of the day or first thing next morning. Just be sure they're all in the file before you start pulling for the day's appointments.

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How a real estate appraisal can save you money

By John W. Gillette

If you're planning to buy real estate either to live in or make money on, here's my advice: Have the property appraised first. Even though an appraisal is supplied by another party in the deal—the mortgage-lending institution, the seller, or the F.H.A.—it will pay you to have your own man go over the property. To find out why, let's study the case histories of two doctors who didn't hire appraisers when they bought property.

The first case involved a Midwestern G.P. whom I'll call Dr. Smith. He made a series of real

Is this house worth \$40,000? To find out, the buyer hired Appraiser John Merrill. To see how Merrill reached a decision, turn to pages 108-109.



estate investments over a period of years-and appraised all the properties himself before buying them. They included an apartment building for \$60,000, a truck terminal for \$55,000. and an old wooden "taxpayer" containing stores and apartments for \$22,500. When these investments failed to yield him the returns he'd expected. Dr. Smith decided to sell out. What did his holdings fetch him? The apartment building brought only \$50,000, the terminal \$40,-000, and the "taxpayer" \$15,-000. Net loss: \$32,500!

Dr. Smith had obviously paid too much for his properties. If he'd hired an appraiser before he bought them, the appraiser would have studied each building and determined its fair market value—i.e., the price a reasonable buyer might pay a reasonable seller if neither party were forced to buy or sell. And the accuracy of his estimate would probably have been supported by the eventual selling price, even though an ap-

THE AUTHOR, a banker in Niles, Mich., has specialized for many years in real estate finance and appraisals.



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How an appraiser evaluates a house-



An appraiser you hire yourself may save you hundreds of dollars when you buy or sell property. He doesn't establish real estate values; he merely reports them. But his estimate usually comes close to the ultimate sales price. Here, Appraiser John Merrill inspects a house for a potential buyer. Before Merrill leaves, he will have scrutinized the house from cellar to roof. In the garage (far left), he makes sure the motor operating the door works—a point you might



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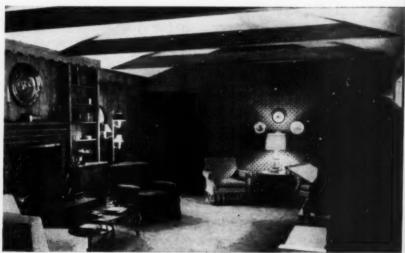
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skip. Bathroom tile (left) is "an excellent clue to the over-all quality of a house's workmanship," says Merrill. "Corner-cutting here means I'll probably find more poor construction elsewhere." The exposed decorative beams in the living room (below) are vital parts of the building's structure, so they get close examination. Finally, he checks the kitchen facilities to make sure they will meet the family's needs. Merrill's report: The house is worth \$42,000.





Medical Economics, November 20, 1961

praiser doesn't *establish* real estate values, but merely *reports* them.

Now let's turn to "Dr. Jones" for the second case history:

This New England surgeon found a home that seemed ideal for him and his family. The selling price: \$40,000. "We'll buy it," he told the broker. And because he wanted to keep his mortgage costs low, he deposited \$20,000 as a down payment. Then, since the bank providing

the mortgage was having the property appraised, the doctor and his family sat back and waited. Shortly, the deal went through and the doctor got his house.

As it turned out, he got no bargain. The bank's appraiser found the property was worth only \$32,000—well above the bank's \$20,000 commitment, but \$8,000 below the figure Dr. Jones had agreed to pay. Have the people at the bank told the



"Keep your mitts to yourself!"

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doctor he paid too much? Hardly. Banks rarely give out this sort of information—especially when their interests are well protected by a house worth far more than the mortgage.

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The moral of Dr. Jones's case: Even if someone else in a real estate deal has an appraisal made, you still need your own qualified appraiser to look after your interests. Though most appraisers are honest, they can't work for two "opposing" parties any more than lawyers can.

So far we've talked about hiring an appraiser when buying. You can also protect yourself and your profits—by getting an appraisal when you sell. This example shows why:

Dr. Jenkins considered having his real estate broker set the selling price for a house he was putting up for sale. The broker, who really knew values, had offered to do the job for nothing—provided he got an exclusive listing.

Luckily, the doctor declined and hired an independent appraiser. The appraiser set a fair price of \$33,000 on the house, but urged the doctor not

to try to sell for another six months. Though the market for residential homes in that section was temporarily depressed. he said, it would improve later in the year. His expectations were justified. By hiring an appraiser, Dr. Jenkins got the kind of unbiased information about his property that he certainly wouldn't have got from the real estate broker. And that information allowed him to set a price on the property several thousand dollars above what he might otherwise have sold it for.

An appraiser can also help you if you inherit a home or an income-producing property. Such a bequest should always be appraised immediately. Here's why: Someday you may sell the property. If you do, you'll have to know its value at the time you acquired it in order to establish your capital gain or loss for tax purposes. And without an appraisal, you may be hard pressed to determine the true market value of property given you years before. However, you don't need an appraisal when the estate from which you received the property has already paid the Federal estate tax. In that case, the property will already have been appraised, and you must accept this appraised value as *your* basis for tax computations. There are no exceptions to that rule, says the Internal Revenue Service.

What gives an expert appraisal so much weight? The answer lies in the recognized knowledge and discernment that's gone into that appraisal. Real estate values have no "red book" as used cars do, no daily price listings as securities do. The appraiser has his own wits and experience to rely on, and he employs them in these three basic ways:

1. Appraisal by comparison. This approach to evaluating real estate is the commonest. To find the value of a property up for sale, the appraiser measures that property against roughly comparable properties that have been sold on the open market in recent months, and then adds or subtracts for plus and minus features. Thus, if house X sold for \$30,000, then house Y should sell for \$32,000. Though it's the same size and age as

house X and located in the same neighborhood, house Y has a fireplace and a screened-in porch and other desirable modifications and improvements that house X lacks.

2. Appraisal by summation. This is the cost-less-depreciation-plus-land method for evaluating a property up for sale. First, the appraiser determines the cost of erecting a similar building at today's prices. Next, he establishes the amount of depreciation. He also considers age and condition, obsolescence of architecture and fixtures, and socio-economic factors. (A former \$40,000 house in what's now a \$20,000 neighborhood is no longer worth anywhere near \$40,000.) In addition, the value of the land beneath the building is established.

3. Appraisal by capitalization. This approach is used to gauge the value of rental property. The figure to be arrived at is the price a prudent investor would pay to get the income the property is capable of producing. Suppose \$4,000 is the property's net annual income, or what's left after a year's oper-

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ating expenses have been subtracted from total rents. On this property, an 8 per cent return on the investment might be expected. So the appraiser divides net income by rate of return (\$4,000 by .08) to get the property's capitalized value—in this case, \$50,000.

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or rEach of these three methods depends heavily on the appraiser's personal judgment. So having a qualified man working for you is essential. Fortunately, good appraisers are not scarce. Larger towns and cities have

appraisal firms. Smaller communities have realtors who offer competent and thoroughly ethical appraisal service. You can place your confidence in virtually any member of one of the two leading appraisal associations. The American Institute of Real Estate Appraisers draws its membership chiefly from appraisers of industrial and commercial properties. The Society of Residential Appraisers is open to those who specialize in house appraisals. To belong to a local chapter of either associa-



"If you'll permit me to say so, Miss Krang, you're very X-raygenic."

tion requires long experience, the passing of written exams, and a recommendation from members of the chapter itself. Any realtor should be able to give you the names of association members in your community.

Appraisers' fees? The \$20 fee set by the Federal Housing Administration is minimum; \$50 is average. But some appraisals can cost as much as \$150 a day. What the fee buys is a detailed and objective written report backed by facts and figures.

Why don't more people consult appraisers? Because many real estate buyers think they can use the expert's methods as

well as he can. They forget, for example, that when they attempt to compare property prices what they usually learn is the asking price. What the appraiser learns is the selling price.

The appraiser, then, can take the guesswork out of real estate buying. With his report in hand, you can be as well informed as the professional realtor. And you'll be dealing with a man whose opinion counts in many important areas. It's accepted in court. It establishes loan amounts for mortgage lenders. It influences settlements in public land-taking. And it's respected by the Internal Revenue Service.

Hoarse of a different color

My 5-year-old son showed signs of a cold; so I thought I'd better have a look at his throat. Following my instructions, he opened his mouth wide and said, "Ahhhh." I saw no redness and told him that everything was fine—whereupon he asked me, "What would I have sounded like if something had been wrong?"

—Orville J. Stone. M.D.



Some policies will give you solid protection; others will fail you just when you need them most. What the insurance company puts in the small type makes all the difference. This article tells you what to look for. The author is an insurance consultant in Los Angeles

By James E. Hildebrand

"You can't say I don't believe in disability insurance." Dr. Canfield grinned at me and tossed a wad of policies across his desk. "I've got the works."

He had, too. He'd bought almost everything that had come his way. But as I glanced through his policies, I began to see that Dr. Canfield might be in trouble if sickness or accident ever shut off his income. Two of his policies were cancelable, one was noncancelable, and three were group policies he'd bought

through medical organizations. Taken all together, they didn't add up to the kind of guaranteed permanent disability protection he needed—and thought he had

"There's a basic test you can apply to every one of these policies," I told him. "Ask yourself: 'Will this policy be here when I need it, in the same form and at the same price as when I bought it?' If the answer to that question isn't an unqualified yes, you ought to think about replacing

The company is free to cancel this policy-

Renewable to Age 65 at the Option of the Company

Unless the Company has given written notice, as provided below, of its intention not to renew, this policy may be renewed, at the expiration of any term during which it has been in force, by payment within the grace period of the premium for a further term. The Company may decline to renew the policy as of any policy antiversary, provided, not less than thirty days before such anniversary, it has mailed to the insured at his last address, as shown by the records of the Company, written notice of its intention not to renew.

it with a policy that does pass the test."

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"These all pass, don't they?"
Dr. Canfield asked.

I shook my head. "Your cancelable policies flunk the test cold," I told him. "And your group policies may not score as high as you'd like. You've got just one policy here that won't let you down. This individual, noncancelable policy will give you the protection you expect."

A lot of doctors I know build their disability insurance programs just as Dr. Canfield did
—by buying an additional policy from time to time as they
can afford it. I suspect that
many doctors have picked up
at least one or two policies that
might prove worthless when
needed.

How can you tell whether your policies might prove worthless? By reading them with four rules in mind:

1. Drop any cancelable policy you have, and don't buy another one. The insurance companies'

but not this one

Non-Cancelable and Guaranteed Renewable to Age 65

At the expiration of any term during which this policy has been in force, it may be renewed for a further term by payment within the grace period of the applicable premium stated above. However, this policy will not be continued in force beyond its anniversary next following the insured's 65th birthday.

The phrase "at the option of the company" means the policy at the left may not cover you when you need it. The one at right is noncancelable—and says so. Both policies are issued by Metropolitan Life; the noncancelable one is the company's form A.H. 4L-60.

inclusion of a cancelable clause in certain policies is a self-protective measure. There's no protection for you if your policy is canceled. Before you drop such a policy, though, make sure you can replace it with a noncancelable policy that doesn't exclude any medical condition you may have acquired since your cancelable policy was written.

2. Don't rely on group disability policies alone. They're

individually noncancelable, but there's nothing to keep a company from dropping its coverage of an entire group. Low-cost group policies are useful for supplementary protection only. Your basic coverage should be on an individual basis.

3. Double-check your waiting and benefit periods. How long after you're disabled will you wait for the insurance company's first check? And how

Want protection until you can take just any job-

Loss of Time Benefits

PART 3. Definitions

Wherever used in this policy

"Total Disability" means the complete inability of the Insured, as a result of such sickness or such injuries, to engage in gainful occupation for which he is reasonably fitted by education, training and experience, and "Elimination Period" means the number of days of total disability at the beginning of a period of total disability, as indicated in the Policy Schedule, for which no monthly indemnity is payable.

These policies, both issued by Monarch Life, look alike. But the one at left may not pay off if you take any job for which you're "rea-

long will the checks continue? Ideally, a waiting period of about a month is best for your basic protection—that individual, noncancelable policy I've recommended. A shorter waiting period gives you comparatively small extra benefits in return for the higher premium. And a much longer waiting period might stretch your resources thin at a time when bills were high. As for your benefit

period, ten years is a reasonable minimum; benefits to age 65 or for life are ideal.

You may want to modify these ideals for a very practical reason: You don't want all your disability income to start and stop at the same time. In fact, if you need new policies, consider buying at least one with shorter waiting and benefit periods. That way, you'll be bunching your biggest income in the first

or resume practice?

Loss of Time Benefits

PART 3. Definitions

Wherever used in this policy

"Total Disability" means the complete inability of the Insured, as a result of such sickness or such injuries, to engage in his regular occupation, and "Elimination Period" means the number of days of total disability at the beginning of a period of total disability, as indicated in the Policy Schedule, for which no monthly indemnity is payable.

sonably fitted." The policy at right, Monarch FB-58, will pay benefits if you can't return to your "regular occupation."

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nw years of disability. You're unlikely to be laid up continuously for longer than two years. If you should be, you'll have time to cut your expenses gradually; and after your short-term policy has run out, you'll be prepared to live on the lower monthly in-

come provided by your basic long-term policy.

4. Watch out for the most common hidden meanings. For example, your policy may be written so that you can't collect if you're not "confined." Although such weasel wording is

This policy can force you to stay at home-

PART E. Sickness Total Loss of Time Benefits

When sickness results in total loss of time, the Association will pay benefits as follows, for one day or more, beginning on the date of the first medical treatment during such loss; subject to the application of the Deductible Period, if any.

- (1) TOTAL LOSS OF TIME WITH CONFINEMENT: Benefits will be paid during total loss of time while there is confinement, at the rate of the Monthly Benefit for each full month, so long as you live.
- (2) TOTAL LOSS OF TIME WITHOUT CONFINE-MENT: Benefits will be paid during total loss of time while there is no confinement, at the rate of the Monthly Benefit for each full month, for as long as three months for any one sickness.

The full term of three months for a sickness will be restored after your return to work, on a full-time basis, for a period of six consecutive months, for a recurrence of a sickness for which benefits have been paid under this Part E(2).

on the decline in new policies, it fills whole paragraphs of some older ones. So it's worth looking hard at the way your policy elaborates on two adjectives:

DISABLED: Watch out for the way a policy defines the work you can't do. The best kind of policy now on the market promises to pay benefits for up to five years if the insured is disabled and unable to perform the duties of his regular occupation. But beyond five years, it will continue to pay only if the insured can't work at any occupa-

but this one won't

PART E. Monthly Sickness Benefits

When sickness results in covered loss of time, benefits will be paid periodically for one day or more, beginning on the date of the first medical attendance during such loss of time:

TOTAL LOSS OF TIME: Benefits will be paid during continuous total loss of time so long as the Insured lives, at the rate of (1) the Monthly Benefit per month, for the first 120 months, if such loss of time commences prior to the Insured's sixty-fifth birthday, and thereafter at the rate of 50% of the Monthly Benefit per month, or (2) at the rate of 50% of the Monthly Benefit per month, if such loss of time commences on or after the Insured's sixty-fifth birthday.

If you're not confined at home or in the hospital, your benefits from the policy at left soon stop. But the policy at right doesn't mention "confinement" as a condition; you can stroll and still collect. Both are Mutual of Omaha forms; the one above is 2 PG.

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tion for which his training "reasonably" fits him.

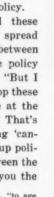
NONCANCELABLE: Some policies don't include all of this important phrase: "Noncancelable and guaranteed renewable to age 65* at a guaranteed premium." If any part of the phrase is omitted, that may be weaseling, "Noncancelable" alone can mean "noncancelable for five years, or until you're 50," under the definition commonly accepted by state insurance regulators. And "guaranteed renewable" alone can mean "renewable, but at a higher premium." So the whole phrase, nothing less, is the hallmark of a truly noncancelable policy.

After I'd mentioned these points to Dr. Canfield, I spread his policies on the desk between us. "This noncancelable policy is really sound," I said. "But I think you'd do well to drop these two that say 'renewable at the option of the company,' That's the polite way of saying 'cancelable.' These three group policies fall somewhere between the others. They don't give you the

guaranteed protection your noncancelable policy does, but they aren't as treacherous as the cancelable ones might turn out to be."

Dr. Canfield threw me a question: "A while ago, you said that a company might cancel all of a group's policies en masse. Does that really happen?"

"You bet it does." I said. "In my office, I have photocopies of at least fifty different letters canceling group insurance. The







groups range all the way from a hospital staff of seventy-five to a medical association with 7,000 members. And in every case, the coverage was canceled because too many people in the group really needed their insurance. In other words, too many of the group's members were collecting more from their insurance than they paid in premiums. These are precisely the people who might not be able to pass the medical exam for an

individual policy once the group policy was canceled—people with angina, chronic back disorders, hypertension. And if one company finds it can't afford to maintain its coverage on a group with collectively poor health, then no other company can, either. If a new company should agree to take on such a group, you can be sure it would reduce its costs somehow: by cutting benefits, jacking up premiums, or refusing to cover the

Beware of old-fashioned policies!

After his recent heart attack, Dr. Willard G. DeYoung, a Chicago internist, read the fine print in his three disability insurance policies. "I thought I had all the coverage I needed," he said. "Actually, the benefit amounts were adequate. It was the other policy provisions that weren't."

Two of the doctor's polices were issued in the 1940s. They would pay him benefits only so long as he was "confined indoors." Says Dr. DeYoung: "When these policies were issued, some kinds of heart disease were treated primarily by bed rest. Today, it's a

different story. My own doctor prescribed walking as mild exercise to hasten my recovery. But once I went out of the house, those two policies would have cut short my benefits. So I did my walking indoors.

"Those same two policies defined disability as 'inability to do any work for income,' "Dr. DeYoung says, "I'm told that many older policies contain this provision. But my third policy, bought about ten years after the others, defined disability in terms of my regular occupation; it would also have let me exercise outdoors."

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group members who were the worst risks. So group coverage is fine as a supplement, but it's no more than that."

"So I have one good noncancelable policy," said Dr. Canfield. "Will it do the job—along with the group policies?"

"Not as well as it could," I said. "Once you've dropped your cancelable policies, too much of your total coverage will be in group policies. And you won't

have enough variety in waiting and benefit periods. I think you ought to replace your two cancelable policies with two new noncancelable ones. One of them should pay, let's say, \$300 a month until you're 65, for either sickness or accident. This would be real long-term coverage. It would be costly, but you could cut the premium a bit by choosing a long waiting period of maybe three months.

Dr. Canfield's disability insurance: before and after

What he had

Type or	MOHILLIA	Denem period		AAGIIIII	Annual
policy	benefits	Sickness	Accident	period	premium
Noncancelable	\$300	10 years	Life	1 month	\$225
Cancelable	300	To age 65	To age 65	1 month	240
Cancelable	200	To age 65	To age 65	1 month	165
Group policies	500	10 years	Life	1 month	290
	\$1,300				\$920
What he has now					
Type of	Monthly	Benefit period		Waiting	Annual
policy	benefits	Sickness	Accident	period	premium
Noncancelable	\$300	10 years	Life	1 month	\$225
Noncancelable	300	To age 65	To age 65	3 months	300
Noncancelable	200	2 years	2 years	7 days	160
Group policies	500	10 years	Life	1 month	290
	\$1,300				\$975

"You could also use a shortterm noncancelable policy with benefits starting almost immediately after you're disabled and continuing for two years. The short waiting period would give you a little ready cash in the early days of disability; the short benefit period would keep the cost of the policy down. And there's a reason I picked a twoyear benefit period: One big insurer found that over 99 per cent of the people who had ever put in a claim were either dead or back at work by the end of two years of disability."

"That's comforting," said Dr. Canfield. "Now give me the bad news: How much will all this cost me?"

I made a list of the policies Dr. Canfield was currently carrying, and also a second list incorporating my recommendations (see opposite page). "But I end up paying \$55 a year more for the same coverage!" he protested.

"Maybe on paper," I said.
"But if you're ever laid up, you'll need all the *guaranteed* income you can get. That's what this program is designed to give

you. The extra cost is the price of assurance that your individual policies will be around when you need them. I think it's worth paying."

Dr. Canfield agreed. He took on both the new noncancelable policies I'd recommended. His annual premiums rose to a lofty \$975. But his total protection is high, too: \$1,300 a month of tax-free income if he's ever laid up.

You needn't spend nearly \$1,000 a year on disability insurance to apply the principles Dr. Canfield used. Whatever you finally decide to spend, measure the effectiveness of your coverage by asking:

"Will this policy be here when I need it, in the same form and at the same price as when I bought it?"

Insurance from machines can be a good buy

If you've traveled by air, you're familiar with the trip-insurance vending machines that stand in airport waiting rooms all over the U.S. Now similar

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machines are offering coverage for travelers on land and sea as well. They're being installed in garages, hotels, supermarkets, and train and bus stations in most states. And you may soon find them offering not only life policies but also medical-surgical and disability policies.

All currently available machine policies are underwritten by established insurance companies. At least five companies now sell policies that will pay off if you're killed or dismembered while traveling on land. Two of these five companies cover travel by sea or air as well: one offers medical payments, too. All five insure motorists, two cover rail and bus passengers, and one even insures pedestrians. A sample policy is posted at each machine. Read it, and you'll know precisely what you're buying before you start feeding quarters into the slot.

Cost of the typical seven-day policy is 50 cents for each \$5,-000 of death and dismemberment benefits. The maximum limit on the total coverage you can buy varies from \$15,000 to \$25,000, depending on the insurer. The policy's term is generally one week, though some machines also sell fifteen- and thirty-day policies at proportionately higher cost. (Air-only policies cost 25 cents for each \$7,500 of coverage; they cover both halves of a round-trip flight completed within a year.)

Do machine policies offer good protection for their nominal cost? Some insurance men say, "Yes, but . . ." They argue that if you need a given amount of insurance while you're on a trip, you need the same amount at any other time, too. On the other hand, they concede that there's considerable disparity between the cost of full-time life insurance and that of trip insurance designed to cover a period of extra risk. So if an occasional trip seems to present much higher risks than your daily routine does, you may be wise to invest your pocket change in a machine policy.

If you travel often, you may even want to consider permanent accident coverage. If so, look into these two alternatives to the temporary policies dispensed by machines:

1. An annual accidental death and dismemberment policy. One that covers travel in any common carrier licensed to convey passengers by land, sea, or air costs about \$15 a year for \$25,000 of coverage. For an additional \$10 a year, you can extend the policy to cover you while you're driving or riding in a private car.

2. An accidental death rider on your life insurance. Such a double-indemnity provision, available with new life insurance policies, can often be added to older policies on request. Insurers usually require a new medical exam before they'll add the rider to an outstanding policy, and the policyholder is expected to pay the cost of the exam (usually \$7.50). Yet such a rider is a low-cost method of doubling or, in some companies, tripling the face amount of your policy if you should die by accident. For a man of 40, the annual cost of adding such a rider to a straight life policy comes to about \$1 per \$1,000 of the policy's face amount.

A fair shake

Over the phone the husband of one of my OB patients told me excitedly that his wife was having convulsions—what should he do? "Rush her to the hospital by ambulance," I told him. "I'll be waiting for you on the obstetrical floor." Not long thereafter I met the young couple as they emerged from the elevator. He was carrying her suitcase; she was looking well and happy. "She's still convulsing," he reported. "About every fifteen minutes." —Warren H. Pearse, M.D.

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What <u>not</u> to do with a windfall

By Frank Kraft, M.D.

Every struggling young physician has dreamed of having a fortune suddenly drop into his lap, and I'm no exception. But what makes my dream unusual is this: About five years ago it actually came true.

You needn't envy me, though. Thanks to my own poor judgment, my good luck turned to bad. Maybe the story of my mistakes will help you avoid similar ones.

I hadn't been practicing long as a G.P. in a small New England town when a big food store chain managed to get a change in the local zoning ordinance passed. This change would permit the chain to open a store close to my home-office—pro-

THE AUTHOR, a New England general practitioner, writes here under a pen name.



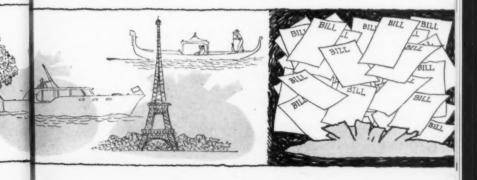
vided I'd cooperate. Would I be willing to sell my \$20,000 property for \$45,000 so that it could be turned into a parking lot?

Would I! I could hardly wait to sign the papers. I knew I could easily find another house near-by, and I was sure my patients would follow me there. I could already see myself touring Europe with my family, conferring with my stockbroker about my fat portfolio, dashing to the boat yard to give instructions for overhauling my cabin cruiser.

My excitement was so great it scarcely mattered—at first that the \$45,000 wasn't really \$45,000 at all. Part of it represented a taxable capital gain. Of course, the gain was minimized by my purchase of another house within the year, and my five children kept me in a fairly low income tax bracket. Even so, with net practice earnings of \$15,000 and \$3,000 of other income. I had to pay \$4,702 Federal income tax—about \$2,200 more than I'd paid the previous year.

I wasn't worried, though: I had more than enough left to pay off the \$12,000 balance on my mortgage, slap a sizable down payment on another house, and start living in luxury. Or so I thought.

I found only one available property in the area that seemed suitable for the home-



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office arrangement I wanted. It was old, but I could afford to renovate it. It was large enough to provide adequate office space and even separate bedrooms for all five of our youngsters. And I could take title for \$25,000. According to an old rule of thumb. a house shouldn't cost more than two and a half times one's annual net income. Mine, in a normal year, was \$18,000; so I wasn't paying too much, even if I discounted my windfall entirely. But what with all the other plans I had for my money, I hesitated to tie up as much as \$25,000 in the house, so I took out a \$10,000 mortgage.

Now I was all set—to refurbish a white elephant. In short order, I installed complete new plumbing and heating systems and, at my wife's request, all new kitchen equipment. I also bought furnishings for our additional rooms. The total bill for these items: over \$6,000. Closing costs, legal fees, moving, and title insurance cost me another \$1,100.

I soon noted with surprise that my beautiful \$45,000 had shrunk to less than \$9,000. But there was enough left to complete my original spending plan, and I told myself the family deserved a taste of luxury. By the time I'd shown them Europe, bought an inboard-outboard "cruiser," and paid off a car loan, I scarcely had two nickels to rub together.

The \$45,000 was gone. But so what? All my bills were paid, and I had a sizable equity in a comfortable home-office. And there was no doubt that I could afford the upkeep on the property: I had some ivory-tower economists' word for that. But economists, like doctors, can make mistakes. Here are some of the additional expenses that neither the economists nor I foresaw:

¶ A \$900 yearly heating bill—over three times what I formerly paid.

¶ The \$2,350 a year I pay a sleep-in housekeeper, without whose help my wife couldn't cope with twelve rooms—and five kids and three meals a day.

¶ The \$960 a year my parttime gardener gets to maintain my half-acre of lawns, trees, and shrubs—a job I used to do myself on our smaller property.

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¶ A rise in mortgage interest from 4½ to 6 per cent.

The greater amount of entertaining we do in our present home. Why do we entertain more? Partly because we now have the proper facilities. But there's another reason, too: I desperately need to build my practice to help pay for a house that's turned out to be a whopping budget-breaker.

So there you have a partial list of my new expenses. My practice is beginning to pick up, but do you wonder that my bank account isn't? Sure, we have some equity in the house, but equity isn't ready cash, and it's not going to send my

youngsters through college. As for the boat, I've been too busy working to use it.

The moral of my story? I think it's this: Don't increase your fixed expenditures unless there's a corresponding increase in your regular income. I simply went overboard on luxuries (we didn't really need that big a house).

Lord knows, I'm not expecting another windfall. But if I ever do get one again, it will go straight into a savings account. I'll let it age there awhile—until I'm certain I can handle it prudently. Then, when I've developed a sound investment plan, I'll put the money to work earning more!

Well, there's still the stork

She was a born pessimist. And pregnant. "When will the baby come?" she asked me. "Well," I replied, doing a little fast calculating, "I'd say about October 11." She consulted a pocket calendar, then shrugged glumly. "I might have known. That's Wednesday—your day off." —J. O. McCall Jr., M.D.

Is private practice

No, says a man who's been close to medicine's problems for over thirty years. Pointing to five forces threatening private practice today, he suggests how you can combat them

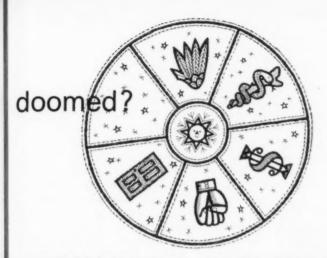
By Horace Cotton

I've been working with medical men over half a lifetime. Never before have they seemed so worried to me. If you're like hundreds of private physicians I've talked with in the last few months, you're deeply concerned about your professional future. And you wonder: In a world where seventy-seven nations have Government-run health insurance in one form or another, will you be able to retain your professional independence and keep medicine a matter between you and your patients?

I think you can—if you face up to the many forces that are now threatening the private practice of medicine in the U.S. Let's examine the five signs in a "medical horoscope" I've devised:

1. The sign of the dollar. Wherever you go, you hear people talking about illness in terms of dollars. Take hospital prices. They're going up through the roof, and John Doe knows it. He's finding out that the price tag on the average hospital stay is now approaching \$300-and that a month's hospitalization might easily cost a person more than \$1,000. There are reasonable explanations for these staggering bills. But John Doe is concerned about dollars, not explanations.

Take another area of health expenditure: the price of drugs. Senator Kefauver has set the headlines ablaze and the phar-



maceutical industry on its ear. John Doe listens to the dollar figures he hears and nods his head in agreement. "The doctor gave me a prescription for twenty pills, and they cost me \$10," he's apt to say. "I hope Senator Kefauver can do something about it." If John Doe knows that 78 per cent of all drugs prescribed today weren't even in existence ten years ago, he doesn't realize what this means in terms of value received.

And physicians' fees. As a sure-fire conversation starter, they're up there with TV repair prices and the cost of hairdos. Not the routine fees that most doctors charge, but the exceptional fees—the \$25 house-call fee, the \$500 charge for a deliv-

ery—that everyone seems to have heard of.

And while patients talk dollars, politicos are talking billions of dollars. They're pointing out that doctor bills now total nearly \$5 billion annually, hospital bills more than \$5 billion, health care of all kinds nearly \$20 billion. They're softening up John Doe for the big pitch that's coming—the pitch that health care is beyond the resources of the individual and that therefore Government should buy it for everyone.

How can you combat all this destructive dollar talk? For one thing, you can talk cents. You can point out that health care of all kinds—hospitals, physicians, drugs, dentists, the works

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—now costs the average American just 5 cents out of each dollar he earns. He spends more than that on alcohol, tobacco, and toilet articles—and nearly three times as much for taxes.

You can also talk insurance. For 50 or 60 cents a day, a family can buy Blue Cross plus Blue Shield plus major medical—and thus take the sting out of most above-average health expenses they might be unlucky enough to incur.

And you can talk value. In return for those pennies, medicine is giving Americans extra years of good health. It's a fact that 3,000,000 of them wouldn't even be alive today if pre-war death rates still applied.

2. The sign of the clenched fist. That's the sign of the labor union, another solid threat to private practice today. Fifteen thousand employe-benefit programs are now operating under complete or partial union control. They dispense about \$3 billion a year in health care funds. In New York City alone there are more than 300 funds covering 3,500,000 people and buying \$100,000,000 worth of

health care annually. It's safe to predict that labor will keep demanding more—and that labor's control over health care funds will grow.

What can you and your colleagues do about this threat? You can overhaul your health plans until they're a better buy than anything else in sight. Where doctors have done this (e.g., in Michigan), labor has stayed with Blue Shield. Where doctors have been slow to broaden benefits or raise income ceilings, local unions have turned away from Blue Shield. This happened recently in New York City. Electrical workers at Sperry Rand discovered that not a single member of their union would be entitled to service with no surcharges under the doctors' plan. Its family income ceiling of \$6,000 was well below their salaries. So they switched to a closed-panel plan with more liberal limits.

If you and your colleagues can do business with labor through Blue Shield, you'll be bolstering private practice and blocking Government medicine. Labor is still on record as favor-

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ing national compulsory health insurance-but its leaders have been strangely silent on this issue for some time. Real reason: They'd lose control of health care funds if the Government took over. They'd rather get the money from management and spend it themselves.

3. The sign of the closed door. This is the threat of the closed medical group: Kaiser in the West; H.I.P., G.H.I., and G.H.A. in the East: the United

Mine Workers' Welfare and Retirement Fund in twenty-six states; and an assortment of smaller labor-sponsored groups like the Community Health Association in Detroit, Rehind these closed doors is a patientpopulation totaling more than 6,000,000 that's sequestered so far as traditional private practice is concerned. And the total is growing.

What's the answer to this threat? Not fruitless insistence



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*Glaser, J.: Ann. Allergy 18:510 (May) 1960.



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Side effects with NACTISOL therapy have been minimal.³⁻⁵
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prices. This has happened already in certain California communities. There's no better answer to the closed-panel threat.

4. The sign of the eagle's wings. I mean the eagle on the Great Seal of the U.S. This sign is really flying high. According to the U.S. Bureau of the Budget, the Federal Government is potentially responsible now for



"Johnson hasn't been the same since he observed a supernumerary nipple on Miss Dairy Products of 1961."

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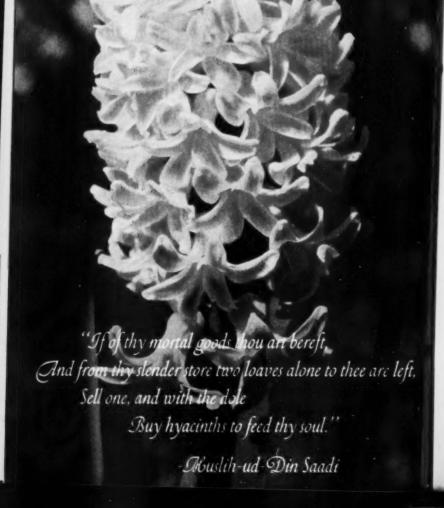
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Man does not live by bread alone. If he did, medicine would be purely a science, concerned only with "bread to nourish the body."

Thoughtful physicians have long recognized the equal essentiality of "hyacinths to feed the soul." This is the *art* of medicine.

If yours is a typical practice, many of the patients who come to you have no demonstrable somatic pathology. Yet their symptoms often are myriad: low back pain, recurrent headaches, insomnia, anorexia, chronic fatigue, apathy, inability to concentrate, "blues."

Most of these patients are not candidates for psychiatry, and certainly not for tranquilizers or sedatives. They are candidates for the simple psychomotor effect of Monase. Tests in more than 2,000 such patients justify the expectation that Monase will enable many of these patients to sleep better, eat better, and feel better.

For the 4 out of 10 patients with no demonstrable pathology,

consider

Monase

*TRADEMARK, REG. U.S. PAT. OFF, †ESTIMATED AVERAGE IN A GENERAL PRACTICE COPYRIGHT, 1961, THE UPJOHN COMPANY

See next page for description, indications, dosage, precautions, side effects, and how supplied.

Brief Basic Information

Monase*

Bescription: Monase is etryptamine acetate, a unique non-hydrazine compound, developed in the Upjohn Research Laboratories.

Indications: Various depression states: manic-depressive reaction, depressed type; involutional psychotic reactions with depressed features; psychotic depressed reactions; psychiatric disorders with prominent depressive symptoms or features; tran-sient situational personality disorders with pathological depressive features

Desage: 30 mg. daily in divided doses. Initial benefit may be observed within 2-3 days, but maximum results may not be apparent until after 2 or more weeks. Adjustment of dose to individual response should be effected in incre-ments or decrements of 15 mg. daily at weekly intervals. The daily maintenance dose ranges between 15 and 45 mg. In schizophrenics, 30 mg. daily may be useful as an adjunct in activating these patients or brightening their mood. junct in activating these patients or brightening their mood. Centraindications and Precautions: There are no known absolute contraindications to Monase therapy. However, the drug should be used with caution in schizoid or schizophrenic patients, paranoids, and in patients with intense anxiety, as it may contribute to the activation of a latent or incipient psychotic process. Patients with suicidal tendencies should be kept under careful observation duriences are brought under control. The self-clearticities control of the self-central control of the self

tendencies are orought under control. Patients who are on concomitant antihypertensive therapy should be watched carefully for possible potentiation of hypotensive effects. Added caution should be employed in patients with cardiovascular disease in view of the occa-sional occurrence of postural hypotension, and the possibility of increased activity as a result of a feeling of in-

sional occurrence of postural hypotension, and une poasibility of increased activity as a result of a feeling of increased well being.

Despite the fact that liver damage or blood dyscrasias have not been reported in patients receiving Monase, as is the case with any new drug, patients should be carefully observed for the development of these complications. Monase should probably not be used in patients with a history of liver disease or abnormal liver function. State that the state of the stat mphetamine, aicohol, ether, barbiturates or histamine. Taxicity ama Sida Effects: The side effects observed in patients on Monase therapy in general have been mild and easily managed by symptomatic therapy or dose reduction. If such side effects persist or are severe, the drug should be discontinued. Alterations in blood pressure susually in the form of postural hypotension, or more rarely, an elevation of blood pressure have been reported other side effects include allergic skin reactions and drug are more likely to occur when the daily dose exceeds 60 mg. These are nauses and gastrointestinal upset, head-ache, vertigo, palpitation, dryness of the mouth, blurred vision, overstimulation of the central nervous system, restlessness, insomnia, paradoxical somnolence and fa-tigue, muscle weakness, edema, and sweating. Following sudden withdrawal of medication in patients receiving high doses for a prolonged period, there may occur a "rebound" withdrawal effect which is characterized by headache, central nervous system hyperstimulation and occasionally hallucinations.

Supplied: 15 mg. compressed tablets in bottles of 100 and 500.

The Upjohn Company, Kalamazoo, Michigan

... Your profession

all or part of the health care expenses of 31,000,000 Americans. The new Kerr-Mills program is adding to this total every day. And soon, if President Kennedy gets his way, the eagle's pinions will shelter 14,-000,000 senior citizens from hospital and nursing bills, making a total of 45,000,000 people with a potential claim on Uncle Sam for health care of one kind or another. That total almost equals the entire population of Great Britain.

True, this threat is largely still potential. But it's breathtakingly close to becoming real. Without fully understanding it, two out of three Americans favor President Kennedy's plan for paying oldsters' hospital and nursing bills with Social Security tax money." Will the legislators who do understand it be able to resist this pressure? Or will they cave in and thus pave the way for Britishstyle extensions of the Kennedy plan?

The answer probably depends on you and your colleagues. No

*TRADEMARK, REG U.S. PAT. OFF.

^{*}See "Should That Gallup Poll Worry You?" in the Oct. 23 issue.

We at Miles consider it important for the physician to be familiar with health preparations in common household use. In keeping with this policy, we present the ONE-A-DAY Multiple Vitamins story.

"If a little is good...more must be better" describes a common misconception many patients have about vitamins. Perhaps that's why so few ask. "How much is enough?"

The generally accepted answer is the National Research Councill's Recommended Dietary Allowances—amounts "... designed to maintain good nutrition in healthy persons in the United States under current conditions of living..."

Guided by these recommendations, Miles Laboratories has formulated ONE-A-DAY (Brand) Multiple Vitamins to provide all the known essential vitamins normally needed in the diet and intended as a dietary supplement, to prevent shortages and to help maintain sound nutrition. The use of the finest raw materials, plus expert compounding with meticulous care at every step, assure that ONE-A-DAY meets the highest standards for potency, purity, safety, stability.

These are hectic days of meager meals eaten on the run, "empty-calorie" snacks and fanciful food fads. Because "supplemental vitamin preparations are intended for the correction of dietary inadequacies and the prevention of nutritional deficiencies," the daily recommendation of a brand upon which you can refy—such as owe_a-bay—can be considered a sound investment in health insurance for many of your patients.



Each Tablet Supplies: 1¼ times the adult Minimum Dally Requirement of vitamins A and D; 1½ MDR of vitamin C; 2 MDR of vitamin B₃ and niacinamide; and 3 MDR of vitamin B₁.

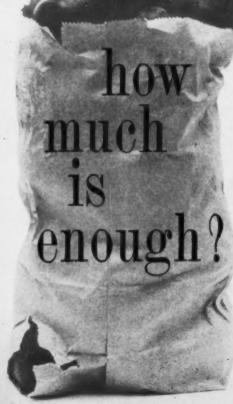
Beferences: (1) Recommended Dictary Allowances, Publication S89, National Academy of Sciences, National Research Council, Washington, D. C., 1958, p. 1. (2) Goodhart, R. S., in Wohl, M. G., and Goodhart, R. S., Modern Nutrition in Health and Disease, ed. 2, Philadelphia, Lea & Febiger, 1950, p. 535.

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other group sees so clearly the defects in the Kennedy plane.g., the cruelly high cash payments required of eligible oldsters (even poor ones) before they could draw benefits.* No other group is so keenly aware of the Kennedy plan's dangers -especially the danger that it won't work well enough, will have to be liberalized, will then deliver us into full-scale socialized medicine.

If you can't convince people of these defects and dangers, no one else can. Personally, I'm betting that you'll be able to do

5. The sign of the twined serpent. That's your sign. It's in a decline. In Madison Avenue talk, your image is blurred. Here's what some people are saying:

¶"It's cheaper to die" than to pay doctor bills, according to exposé-expert William Michelfelder's book by that name. He urges patients to get back at their medical exploiters by

*Out-patient diagnostic benefits would be subject to a \$20 deductible (paid by the patient) for each diagnostic study. In-patient benefits would be subject to \$10 deductible for each day of hospitalization, up to nine days.

Medical Economics, Nov. 20, 1961

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DOCTOR'S ORDERS 3/6/d Post Q. Orders BATE 0.0.B. 10 hum. t.i.d. B.P. & Pulse 9. 24. X6 The opph Sulp. gw. 1/6 8. 4h. Diel astolerated AGORAL-sochs the gentle laxative effectively overcomes constipation resulting from anesthesia, surgical manipulation and analgesic agents. UKS.

... Your profession

suing their physicians for malpractice.

¶ "Sixty-four patients out of every hundred feel that modern doctors are cold fish—competent scientists, sure, but lacking in humanity." So says Richard Blum, a research psychologist, in another book that came out recently.

¶"Whatever else one may

say about the 'traditional' doctor-patient relationship, one must recognize that for the vast majority of mankind it never existed." That's the conclusion of Herman and Anne Somers in still another new book.

So there you are—a fee gouger, a sitting duck for lawsuits, a cold fish. Even that hand-me-down halo has been



"So what if I don't make the Presidency? I can still become the President's doctor!"

trichomonal vaginitis

monilial vaginitis mixed infection







only <u>comprehensive</u> therapy can reach <u>all three</u> vaginitis patients

Tricofuron

effective against all three vaginitis pathogens: Trichomonas vaginalis, Candida albicans, Hemophilus vaginalis—The current controversy concerning the frequency of various organisms causing vaginitis may be due to "a larger prevalence of mixed infection than is commonly assumed...To succeed, the topical preparation used should possess sufficient activity to eliminate trichomonads, fungi, and any associated pathogenic bacteria, such as H. vaginalis."

Ensey, J.E.: Am. J. Obst. & Gynec. 77:155, 1959.

1. POWDER for weekly application in your office: FUROXONE® (furazolidone) 0.1% and MICOFUR® (nifuroxime) 0.5%, in an acidic, water-dispersible base; 15 Gm. squeeze bottle with 5 disposable applicator tips.

2.SUPPOSITORIES for continued home use—on your prescription only—FUROXONE 0.25% and MICOFUR 0.375% in a water-miscible base; boxes of 12 or 24 with applicator.

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1961

doco, one e vast never lusion ers in

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after 5 to 6 years on Meticorten...

these two arthritics and an ulcerative

without steroids this arthritic miner might still be spoon-fed - on Meticorten since April 2, 1955

J. G.'s rheumatoid arthritis started in 1949 with severe and unremitting shoulder pain.



Patient has no difficulty driving a car now that he is maintained on METICORTEN.

Later, his wrists, elbows, feet and hands became involved, with swelling and loss of function. By 1951, he was virtually helpless and had to be fed and dressed by his wife. He was hospitalized and placed on corti-



He has experienced no side effects in six years and has not had to limit his activities in any way.

sone, analgesics and gold. Upon improvement, he was discharged. At this time, he had only 25 per cent normal function in his shoulders. He was frequently hospitalized during the next three years. Hydrocortisone effected very little change in his condition. Placed on METICORTEN on April 2, 1955, he improved promptly and was able to go back to his job as a mine electrician that same

year. He has been maintained on METICORTEN 5.mg. b.i.d. or t.i.d. for the past six years. There have been no side effects and he has not been out of work during this time.

doubly afflicted with ulcerative colitis and rheumatoid arthritis, this accountant is back at work feeling fine—on Meticorten from 1955 to 1960

Suffering from chronic ulcerative colitis since 1953, D. G. was placed on METICORTEN 5 mg. t.i.d. in 1955. In the following year, because of the co-



On the job and functioning normally, patient has not required steroid for past year.



colitis patient are leading normal lives



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litis and arthritis of the finger joints, knee and elbows, the dosage was increased to 10 mg. t.i.d. His arthritic symptoms disappeared during 1956. From 1956 to 1960, he was on a dosage of 5 mg. t.i.d. His colitis improved. Now off METICORTEN, he feels well, has one formed stool daily. Rectal and sigmoid mucosa are normal. At no time were there any side reactions from the METICORTEN.

formerly in braces, this arthritic now does her own housework – on Meticorten since February 2, 1955



H. M. first had pain in her wrists in 1940. Eventually all her peripheral joints were involved. Three orthopedic operations failed to restore loss of function. Treatment with gold, phenylbutazone and cortisone



In spite of her advanced anatomical changes, patient can use an electric mixer without discomfort.

had to be discontinued because of marked weight gain and moon face. She was placed on METICORTEN 5 mg. t.i.d. In



She has regained full use of her hands and can even engage in activities which require considerable manual dexterity.

time, she was able to discard her braces and crutches and resume a completely normal way of life. In the six years she has been on METICORTEN (current maintenance dosage: 5 mg. b.i.d.), she has had no side effects except for slight moon face and occasional purpura.

Case histories of J. G. and H.M., courtesy of Joel Goldman, M.D., Johnstown, Pa. Case history of D. G., courtesy of Asher Winkelstein, M.D., New York City. Photographs of these three patients were taken at their respective homes or places of work.

METICORTEN,® brand of prednisone, For complete details, consult latest Schering literature available from your Schering Representative or Medical Services Department, Schering Corporation, Bloomfield, N. J. taken away from you. And what's left?

What's left is you as you really are: a person interested in people, in getting them well, in giving them service they can appreciate and afford. You can do without that other blurred image. But don't think any medical public relations campaign can ever clear it up. Only you and your colleagues can do that—and you can do it only by talking to patients personally

enough for your real selves to show through.

In this respect, you don't know your own strength. Every private practitioner talks to at least 1,000 patients a year, on the average. This means the nation's 170,000-odd private physicians have access to some 170,000,000 Americans—of whom as many as 70,000,000 may exercise their right to vote. Right there is where you and your colleagues had better get

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Ointment 3% with Hydrocortisone 2% (each with methylparaben 2.4% and propylparaben 0.6% in a wool fat-petrolatum base)



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a standard in topical antibiotic therapy

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in severe, persistent headache

Sinutab Codeine

breaks the pain-tension-pain cycle of sinusitis and rhinitis

New companion to dependable Sinutab — but with augmented analgesic action — Sinutab with Codeina control the pain-tension-pain cycle in severe, persistent frontal headaches and facial pain. Like Sinutab, Sinutab with Codeina effectively decongests mucosa, relieves periorbital pressure and helps the patient relax.

FORMULA: Codeine phosphate 15 mg., acetaminophen 150 mg., acetomorphic 150 mg., phenylpropanolamine HCl 25 mg., and phenylpropanolamine HCl 25 mg., and phenylpropanolamine citrue 22 mg. and phenylpropanolamine citrue 22 mg. and phenylpropanolamine 22 mg. and phenylpropanolamine 22 mg. and phenylpropanolamine 22 mg. and phenylpropanolamine 23 mg. and phenylpropanolamine 25 mg. and phenylpropanolamine

WARRER

*Subject to Federal Narcotics Regulations

NOVEMBER

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TYZIN

for nasal congestion

"The 'fatigue' phenomenon, in which the nasal congestion no longer responds after frequent use of nose drops over a prolonged period, was not encountered with Tyzine solution, even in patients using it regularly for as long as two weeks."

Menger, H. C.: New York J. Med. 55:812, 1955.





PFIZER LABORATORIES Division, Chas. Pfizer & Co., Inc. New York 17, New York

IN BRIEF

TYZINE is tetrahydrozoline hydrochloride, a sympathomimetic amine with potent decongestant properties. Relief is almost immediate and lasts four to six hours after a single administration. Virtually free of sting or burn and rebound congestion ... odorless and tasteless. TYZINE is not significantly absorbed systemically when used as directed...does not impair ciliary activity ... and is physiologically buffered to pH 5.5.

INDICATIONS: Relieves inflammatory hyperemia and edema of the nasal mucosa and congestive obstruction of sinus and eustachian ostia, as may occur in the common cold, hay fever, perennial vasomotor rhinitis, chronic hypertrophic rhinitis, and sinusitis. DOSAGE AND ADMINISTRATION: Adults and Children 6 Years and Over - 2 to 4 drops of TYZINE (0.1%) in each nostril as needed, not more often than every three hours. When using TYZINE Nasal Spray, insert tip of plastic bottle into nostril, tilt the head slightly forward from an upright position, and squeeze sharply 3 or 4 times, not more often than every three hours.

Important: Use TYZINE Pediatric Nasal Drops (0.05%) for children under 6 years. The 0.1% concentration is contraindicated in this age group. SIDE EFFECTS: Transient mild local irritation after instillation has been reported in rare instances.

PRECAUTIONS: Avoid doses greater or more frequent than those recommended above. Use with caution in hypertensive and hyperthyroid pa-

Overdosage may cause drowsiness, deep sleep, and, rarely, marked hypotension or even shock in infants and young children. KEEP OUT OF HANDS OF CHILDREN OF ALL AGES.

SUPPLIED: Nasal Solution, 1-oz. dropper bottles, 0.1%. Nasal Spray, 15 cc., in plastic bottles, 0.1%. Pediatric Nasal Drops, 1/2-oz. bottles, 0.05%, with calibrated dropper.

More detailed professional information available on request.

Science for the world's well-being (Pfizer



to work. Your professional future depends on it.

So much for the five signs in my medical horoscope. Taken all together, what do they portend?

I see a period of danger for American medicine-danger but not doom. I see the stirring of a great profession that has slept too long. And I hear the ghostly words of William Shakespeare: "From this nettle, danger, we will pluck this flower, safety."

Board stiff? New rules take out some starch

Ever wonder why candidates for some specialty certifications have to present detailed case reports while candidates for others don't? Or why one specialty board prohibits fee splitting while other boards seem to think this ethic needs no underlining? The answer is simple: Each board is a law unto itself when it comes to drawing up requirements for its candidates and members to meet.

Recent changes in the by-laws

of the Advisory Board for Medical Specialties point to the fact that boards won't be quite so autonomous any more. Among the changes, for example, is the new policy on certifying foreign medical graduates. Formerly, some specialty boards would permit only graduates of approved medical schools in the U.S. and Canada to take their certifying examinations. But now the Advisory Board's bylaws call for the specialty boards to give their exams to approved-school graduates or to students who offer such "evidence of a satisfactory medical education" as the certificate given by the Educational Council for Foreign Medical Graduates.

Other new by-laws tell the boards they may no longer (1) be influenced by a candidate's "legitimate economic arrangements"; (2) require membership in certain medical societies, "scientific or otherwise"; (3) exclude a candidate because he already holds a diploma from another board; and (4) "attempt to regulate the scope of practice of their diplomates."

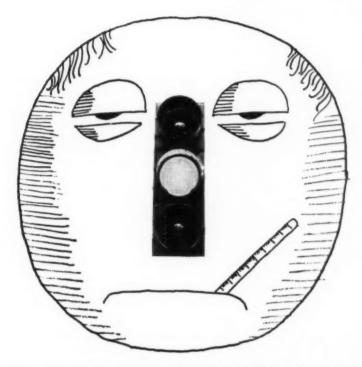
This last wording nullifies such provisions as the OBG board's prohibition against treating any male patients except in emergencies, and the urology board's requirement that its diplomates do nothing but urology.

One example of the effect of these by-law changes occurred this year at the annual A.M.A. convention. A group of doctors packed the normally staid business meeting of the Section on General Surgery and voted in their own officers instead of the proposed slate. Then they put the section on record as favoring an American Board of Abdominal Surgery.

This kind of politicking would have been useless a few years ago. One of the old bylaws of the Advisory Board permitted new specialty boards to be formed only as sub-boards under existing American boards. And for close to a decade the American Board of Surgery has been ignoring practitioners' calls for a board for abdominal surgery.

Under the new by-laws, independent boards can set themyellow for caution congested nose—secretion thick and yellow—a sign of secondary bacterial invasion—a signal for TRISULFAMINIC. A prescription for Trisulfaminic provides Triaminic® for congestion and to promote drainage of nasal and paranasal passages, and triple sulfas to provide control of streptococcal, pneumococcal and staphylococcal invaders.

Trisulfaminic TRIMINIC WITH TRIPLE SULFAS TABLETS/SUSPENSION



Each new, convenient, small-size Trisulfaminic Tablet and each tsp. (5 ml.) of Trisulfaminic Suspension provides: Triaminic® 25 mg. (phenlypropanolamine hydrochloride 12.5 mg., pheniramine maleate 6.25 mg., pyrilamine maleate 6.25 mg.) and Trisulfapyrimidines, U.S.P. 0.5 Gm. DOSAGE: Adults – 2 to 4 tablets or tsp. initially, followed by 2 every 4 to 6 hours. Children 8 to 12–2 tablets or tsp. initially, followed by 1 every 6 hours. Children under 8—initially, ½ tsp. per 10 lbs. body weight, to a maximum dose of 2 tsp., then about ½ of this dose every 6 hours. Medication should be continued until patient has been afebrile for 3 days.

DORSEY LABORATORIES · a division of The Wander Company · Lincoln, Nebraska



SEE PAGE 144-146



... Your profession

selves up provided they get goaheads from (1) the A.M.A. Section and the national societies in the specialty, and (2) the A.M.A.'s Council on Medical Education and Hospitals, Thus, the American Board of Surgery can no longer stand in the way of a board for abdominal surgeons.* And the way has been opened up toward establishing other much-discussed American boards-e.g., in geriatrics, in general practice, and even, to take a futuristic view, in osteopathy.

What do these changes mean to the doctor in practice? Fewer requirements for him to meet if he's a prospective diplomate, and less restriction on his practice once he's obtained his certification. As for the boards themselves, the Advisory Board's new by-laws seem to be a not-too-gentle reminder that they exist to examine candidates and declare them to be competent specialists—nothing more.

But there won't be a Board of Abdominal Surgery this year. For lack of a spokesman, the insurgent surgeons' resolution died in a reference committee of the A.M.A.'a House of Delegates.

FOR YOUR CLINICAL TRIAL

BECAUSE VAPONEFRIN HAS SUCH AN OUTSTANDING RECORD OF SUCCESS WITH INTRACTABLE ASTHMA AND EMPHYSEMA PATIENTS, WE MAKE THIS UNUSUAL OFFER...

Free_aVaponefrin Inhalation Set for your difficult-to-manage asthma patient!

The test of efficacy with any medication can usually be best determined in a difficult case. This is why we say, select one of your difficult-to-manage asthma patients to determine the outstanding advantages of Vaponefrin (racemic epinephrine). Over 163 clinical references* present such an impressive record of success that we offer a Vaponefrin Inhalation Set to your patient free—confident that you will find it the most effective therapy for continued use. The Set will be sent to your office so that you may present it to the patient and instruct him on its use.

Vaponefrin can be used confidently even in hypertensive or cardiac patients¹ / is less likely to cause tachycardia than isoproterenol² / causes virtually no pressor effects³ / is far more stable than <u>I</u>-epinephrine.⁴

And, unlike many nebulizers which produce an ineffective "rain" of droplets—the Vaponefrin Nebulizer provides a penetrating mist, consistently produces particles in the critical range of 0.5 to 3 microns.⁵

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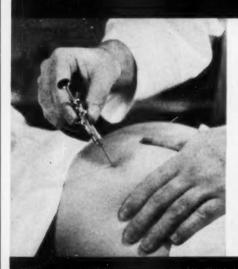
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In oral penicillin therapy
COMPOCILLIN-VK
offers the speed, the certainty,
the effectiveness
of this...



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IN ORAL PENICILLIN THERAPY COMPOCILLIN-VK

POTASSIUM PENICILLIN V

Because potassium penicillin V (Compocillin-VK) offers excellent absorption 1.2.3.4—fast, predictable levels of antibacterial activity enter the blood stream and quickly reach the site of infection. Absorption takes place high in the digestive tract and is virtually unaffected by gastric media.

Antibacterial levels are so predictable that, in many cases, Compocillin-VK may be prescribed in place of injectable penicillin. This is especially appreciated by younger patients and —as you know—oral administration is considered far safer than injectable.

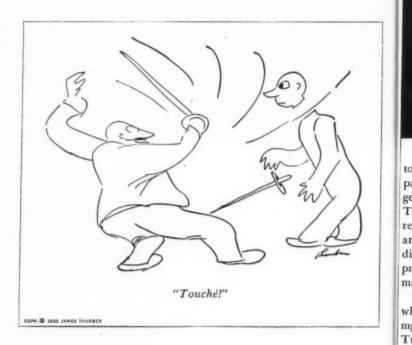
Compocillin-VK is well tolerated and may be used in treating mild, severe, and in high dosage ranges, even critical cases involving penicillin-sensitive organisms. It comes in stable, palatable forms for every patient—every age.

There are tiny, easy-to-swallow Filmtab® tablets—125 mg. and 250 mg. (200,000 units and 400,000 units), a tasty, cherry-flavored suspension (each 5-ml. teaspoonful contains 125 mg.) and two combinations (Filmtab and suspension) with the triple sulfas. Depending on severity of infection, dosage for Compocillin-VK is usually 125 mg. or 250 mg. three times a day.

1. R. Lamb and E. S. Maclean, Penicillin V—A Clinical Assessment After One Year, Brit. M. J., July 27, 1957, p. 191-193. 2. J. I. Burn, M. P. Curwen, R. G. Huntsman and R. A. Shooter, A Trial of Penicillin V, Brit. M. J., July 27, 1957, p. 193. 3. J. Macleod, Current Therapeutics, The Practitioner, 178:486, April, 1957. 4. W. J. Martin, D. R. Nichols and F. R. Heilman, Observations on Clinical Use of Phenoxymethyl Penicillin (Penicillin V), J.A.M.A., p. 928, March 17, 1956,



BFILMTAB - FILM-SEALED TABLETS, ABBOTT. 200261



For a better way to treat headache, prescribe **Trancoprin**®

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Trancoprin®

It's good medical economics to prescribe Trancoprin for a patient in pain, because it will get him back on the job fast. Trancoprin is the analgesic that relaxes skeletal muscle spasm and reduces tension while it dims pain perception. It has proved to be effective against many different kinds of pain.

Trancoprin is available in white tablets containing 300 mg. of aspirin and 50 mg. of Trancopal® (brand of chlormezanone).

Dosage: Adults, 2 tablets three or four times daily; children (5 to 12 years) from 50 to 100 mg. three or four times daily.

Before prescribing be sure to consult Winthrop's literature for additional information about dosage, possible side effects and contraindications.



He's simplified follow-ups on hospital discharges

When you discharge a patient from the hospital, what's the easiest way to give him follow-up instructions? And to get progress reports for any other doctor concerned with the case? Dr. Jack Dickerson, a Waynes-ville (N.C.) surgeon, recommends two procedures he's tried and found helpful in his own practice:

1. Give the patient discharge instructions via a Mimeographed check-off and fill-in sheet. This gives the patient details on diagnosis, date and type of operation, diet, when certain kinds of physical movement will be permitted, special medications, etc. There's a space for the date of the patient's first follow-up appointment at the surgeon's office. There's also a space for the recommended date of his return visit to his family doctor.

Discharge instruction sheets are valuable in three ways, says Dr. Dickerson: They eliminate unnecessary phone queries to the specialist's home; they give

... Your hospital

Hai	ne	Admission	Discharge
Ope	eration & Date Performed		
Die	agnosis		
IN	on UCTIONS:		
1.	Eating any food3	Avoid fats;	Small frequent meals
2.	ACTIVITT:		
	Walking & climbing steps	new	weeks after operation
	Driving	new	weeks after operation
	Light work, cooking, housework	now.	weeks after operation
	Heavy work, lifting, mopping, etc.	now	weeks after operation
	Bathing	now	weeks after operation
		now	weeks after operation
	Dressings none;	Change every day	3 Perove in three days
	Medicines		
	Instructions		
	Probably return to work		
	***********	**************	
	Check-up by Dr. Dickerson: C	all Œ 6-3301 (9-12 a.m	.) or see office nurse for appoint-
	ment aboutwe	eks;days; Appt.	date
		weeks	

Filling out this form for patients upon discharge helps Surgeon Jack Dickerson of Waynesville, N.C., avoid follow-up phone inquiries.

the patient a permanent record; and they tend to get the patient back to his family doctor.

2. Get copies of the patient's hospital records for the referring or family doctor. The hos-

pital record room can usually provide carbon copies or photocopies. These should include your operative notes and discharge summary. The copies can be mailed to any other doc-



"makes the rounds" with you

In and out of elevators... up ramps and down corridors... from one room to another... the Sanborn "100M Viso-Cardiette®" goes wherever you need it. Its mobility is matched by its versatility in providing two speeds (25 or 50 mm/sec.), three recording sensitivities, and provision for recording and monitoring other phenomena. Cabinet is handsome mahogany or durable plastic laminate.

For office or laboratory use, the "100M Viso" provides the same instrument in

a desk-top mahogany case. And for house calls, the Sanborn "300 Visette" weighs only 18 pounds complete and can be easily carried by anyone.

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tor concerned. Says Surgeon Dickerson: "Any referring physician is sure to appreciate this kind of briefing on his patient's condition."

Will vanishing house staffs affect you?

If you're associated with a small community hospital, you are undoubtedly acquainted with the problem of the vanishing interne. He has abandoned small hospitals for institutions with established and recognized teaching programs. And, according to a Connecticut physician who has recently made a study of this problem, he isn't coming back.

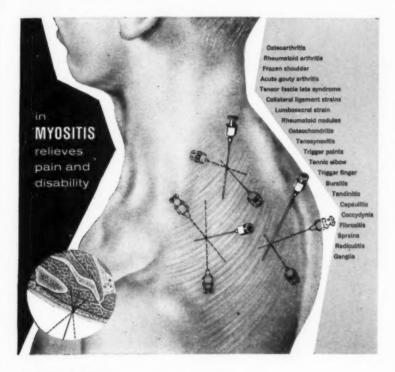
Dr. James R. Cullen backs up

his claim with these figures from the National Intern Matching Plan in his state: Seventy-two per cent of last year's interne applicants wanted to train in only three of the state's nineteen approved hospitals. "This ratio is about the same for all the states whose statistics I have studied," he adds.

What can be done to counter this shift of internes to the bigname hospitals? Not much, says Dr. Cullen, since it stems from the interne's natural desire to get a thorough education during his hospital training period. He predicts that soon there will be little or no house staffs available in the small hospitals now feeling the interne pinch.

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... when a little canny income juggling can save
you lots of tax dollars over the next two
years. To find out how, read "Act Now to Cut Your
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HYDELTRA-T.B.A°.

CONSISTENTLY EFFECTIVE-PROLONGED RELIEF

Dosage: the usual intra-articular, intrabursal or soft tissue dose ranges from 20 to 30 mg, depending on location and extent of pathology.

Supplied: Suspension HYDELTRA-T.B.A.—20 mg./cc. of prednisolone tertiary-butylacetate in 5-cc. vials.

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LABELLIA . PAPARELLA . ELLAII	. CATERIAD
In each Tablet, Capsule or tsp. (5 cc.) of Elizie	In ec
Hyoscyamine sulfate 0.1037 mg.	0.3111 =
Atropine sulfate 0.0194 mg	0.0582 m
Hyoscine hydrobromide 0.0065 mg	0.0195 m
Phenobarbital (14 gr.) 16.2 mg. (34	gr.) 48.6 m

Prescribed by more physician than any other antispasmod



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WHY GANTRISIN IS PREFERRED

High urine levels are not enough: for successful eradication of urinary pathogens, the anti-infective agent must reach effective concentrations in blood and tissues, as well as in the urine. Gantrisin does this. Unlike compounds that inhibit bacterial growth in the urine and on epithelial surfaces only. Gantrisin acts in deeper tissue layers, too. Effective against common urinary pathogens (including many resistant strains) and highly soluble at full pH range, Gantrisin may be prescribed with unhesitating confidence in acute and chronic infections and for routine prophylaxis. Reports in hundreds of journals and scores of text-books reflect the position of Gantrisin as a drug of choice in genitourinary infections.

Consult literature and dosage information, available on request, before prescribing.

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'I keep my patients <u>out</u> of the hospital!'

This doctor has found that office treatment and home care are just as effective as hospitalization—and more desirable

By Edgar Rosen, M.D.

When I started out in practice, I used to worry about getting hospital beds for my patients. Now it's no problem: I've learned to keep my patients out of the hospital.

As an internist, I do neither surgery nor obstetrics. This, of course, eliminates a lot of patients who must be hospitalized. Most of the others, I've found, can be handled better—and at far less cost—in my office or the patient's home. Preventive care and early treatment have diminished my patients' need for hospitalization. After all, the quality of medical care depends pri-

marily on the ability and judgment of the doctor, not just on where he happens to treat the patient.

I didn't acquire my present convictions overnight. It took me some time to realize that I'd been hospitalizing my patients largely because of force of habit and the reassurance it gave me. My patients themselves helped me discover this. Most of them have limited means and many have little or no hospital insurance. Some can't afford to go to a private hospital, and they balk at going to the county hospital. So I felt obliged to do my best for them without hospitalization.

I soon began to see that my

THIS ARTICLE has won a 1961 MEDICAL ECO-NOMICS Award for its author, an internist in Oakland, Calif.



... Your patients

Does keeping patients out of the hospital mean more house calls? Not for Internist Edgar Rosen. Office visits plus telephoning serve the purpose, he says.

best wasn't so bad. My patients made good recoveries with office treatment and care at home, and they obviously liked staying out of the hospital. Soon I began handling all my patients this way whenever possible. I've learned that it's a lot less troublesome and time-consuming for me to use this approach. Unless they're medically indicated, you don't have to make the daily visits required by hospital regula-

tions and custom. And it isn't necessary to set up a complete hospital chart in addition to keeping your detailed office records.

It's this saving in your time and convenience that can keep your over-all charges lower. Obviously, you can also save the patient, or his insurance company, the cost of hospitalization. And most important, elaborate hospital facilities won't be wasted on patients who can get along without them, and hospital beds won't be taken away from patients who really need them.

Here are a few of the patients I've treated by allowing them to remain in the familiar and comforting environment of their homes—instead of in a hospital:

¶ An elderly man with a stomach ulcer. In training, I was taught to hospitalize a patient with this condition for a minimum of three weeks. But I decided to let this man rest at home and take the same treatment he'd normally get in the hospital. He came to my office once a week and went to another office for X-rays. His symptoms were gone in a day or two, and



For Complete Symptomatic Relief of Colds

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TABLETS

a new combination* designed to relieve a wide variety of symptoms encountered in respiratory tract infections, including the common cold

each HYCOMINE Compound Tablet contains:

6.5 mg. HYCODAN® [5 mg. dihydrocodeinone bitartrate (warning: may be habit-forming) and 1.5 mg. homatropine methylbromide]

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Literature on request

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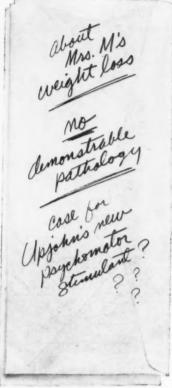
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FOR COMPLETE DETAILS ON



SEE PAGE 144-146



his ulcer disappeared completely in six weeks.

A woman with chronic angina pectoris. This patient had been improving until she developed chest pain occurring at night or after any slight physical effort. An electrocardiogram taken in my office showed changes in keeping with my clinical impression of recent minor heart damage. Treatment consisted of bed rest at home, anticoagulants with careful laboratory control, and other customary measures. The patient did very well, although she never set foot in a hospital.

¶ A young man under observation for a heart lesion. His yearly examination revealed he had anemia. His blood count and an enlarged spleen led to a tentative diagnosis of pernicious anemia, later confirmed by bone marrow study and other tests done on an out-patient basis. Here's a good example of the kind of case frequently hospitalized for diagnostic work-up. But I kept him at work and treated him in my office with vitamin B₁₂. His response was excellent.

¶ A man who was stricken

Medical Economics, Nov. 20, 1961

TURN THE PAGE TO SEE WHAT CORDRAN" CAN DO

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... AFTER ONLY SEVEN DAYS' THERAPY

Might Mile All March



new topical corticosteroid

CORDRAN

provides superior antipruritic and anti-inflammatory activity Among the advantages:

high effectiveness in low concentration • specific topical action • no evidence of systemic absorption with ten to twenty times the usual dosage

... and to combat infection

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Cordran-N combines Cordran and the safe widespectrum antibiotic, neomycin. It is particularly useful in dermatoses complicated by potential or actual skin infections.

Product Description: Cordran and Cordran-N are available in both a vanishing cream and a hydrophilic ointment base. All forms are supplied in 7.5 and 15-Gm, tubes.

Each Gm. of Cordran cream and ointment contains Cordran, 0.5 mg. Each Gm. of Cordran-10, 1960—
dran-N cream and ointment contains Cordran-0.5 mg. and neomycin sulfate, 5 mg. ocember 14—
(equivalent to 3.5 mg. neomycin base).

The cream base is composed of stearic acid, cetyl alcohol, liquid petrolatum, polyosyl 40 stearate, ethyl parahydroxybenzoate, glycerin, and purified water. The ointment base is composed of white beeswax, cetyl alcohol, sorbitan sesquioleate, and white petrolatum.

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Product brochure available; write Eli Lilly and Company, Indianapolis 6, Indiana

Case Report:

First photograph
taken November 10, 1960—
Chronic eczematous dermalitis of
several moriths' duration.
Therapy started November 14—
Cordran cream t.i.d, following
cool saline compresses.
Second photograph taken
November 21, 1960—Completely
cleared in only
seven days.

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In severe cases of SYSTEMIC LUPUS ERYTHEMATOSUS, the new corticosteroid, Haldrone, has demonstrated rapid remission of symptoms with little adverse effect on electrolyte metabolism. Haldrone provides predictable suppressive activity in steroid-responsive conditions.

Suggested desage in systemic lupus erythematosus:



Suggested dosage in systemic lupus erythematosus: Initial suppressive dose 6-12 mg, daily Maintenance dose 4-8 mg, daily

Supplied in bottles of 30, 100, and 500 tablets:

1 mg., Yellow (scored) 2 mg., Orange (scored)

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with pneumonia. Treatment was started at home with antibiotics, followed later by a more detailed evaluation at my office. Laboratory studies established a diagnosis of Q fever as the cause of the pneumonia. The patient's recovery was smooth. Although he was not hospitalized, his case was documented in detail and used later in a published series of Q fever cases.

Does this emphasis on out-patient treatment lead to more house calls? Taking care of the four typical patients cited above involved only one house call each! I performed all other examinations and treatments in my office, supplementing them with telephone contacts when necessary.

What criteria should you use for deciding when to hospitalize?

Obviously, certain medical emergencies, such as diabetic coma or bleeding ulcer, clearly require hospitalization. So do most operations and childbirth. And some patients require highly technical or hazardous procedures that must be performed in a hospital. But most other pa-

tients should be hospitalized only when they're too ill to be treated anywhere else. I question, for example, the common practice of hospitalizing patients for control of newly discovered diabetes. I treat such patients on an out-patient basis, on the theory that control of their condition can thus be regulated to conform to their customary activities, rather than to the artificially inactive environment of the hospital setting.

Are there any unusual medicolegal hazards involved in my approach? I don't think so, as long as the doctor uses sound professional judgment and maintains his customary standards of care. The practice of good medicine certainly doesn't have to be limited to the confines of a hospital.

What about patients who want to be hospitalized for diagnostic tests so that their insurance company will pay the bill? They cause me no trouble. I simply point out to them that insurance companies usually won't pay for putting someone in the hospital for tests unless he's so sick he must be hospitalized for

treatment. Once patients realize that they may end up paying several hundred dollars more in a hospital than they would pay as out-patients, they seem to lose interest in being hospitalized.

Actually, insurance-wise patients are getting even easier to handle now that some private health plans are beginning to increase benefits for out-patient medical services and diagnostic tests. I hope that more health plans will follow suit, for we doctors now have greater reason than ever to rely on out-patient medical care.

The practice of medicine has changed in ways which logically should *reduce* the need for hospitalization. Good X-ray and

laboratory facilities, as well as other ancillary services, have become widely available. New medical knowledge has changed our former ideas about the need for strict bed rest and constant observation of the patient. Modern drugs such as antibiotics and cortisone derivatives have made treatment more effective and have abbreviated the length of illness. And preventive medicine, immunizations, and regular medical care have eliminated some diseases and keep many others from reaching advanced stages.

My stand on this subject was summed up recently by a friend of mine who was inspecting an intensive-care unit in a local hospital. Observing the type of

Suppose you fall ill! Are you sure you have the best insurance coverage you can get for those stretches when you're not able to work? If you're at all in doubt on the matter, better read "Will Your Disability Insurance Let You Down?" It's on p. 115.



in leading headache clinics, the drug of choice for migraine is

CAFERGOT*

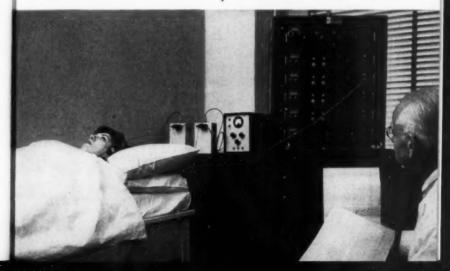
First thought in migraine:

CAFERGOT TABLETS: ergotamine tartrate 1 mg., caffeine 100 mg. (Color: light gray, sugar-coated.) Dosage: 2 at first sign of attack; if needed, 1 additional tablet every ½ hour until relieved (maximum 6 per attack).

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CAFERGOT P-B TABLETS ergotamine tartrate 1 mg., caffeine 100 mg., Bellafoline 0.125 mg., pentobarbital sodium 30 mg. Warning: May be habit forming. (Color: bright green, sugar-coated.) Dosage: same as Cafergot Tablets.

CAFERGOT P-B SUPPOSITORIES: ergotamine tartrate 2 mg., caffeine 100 mg., Bellafoline 0.25 mg., pentobarbital sodium 60 mg. Warning: May be habit forming. Dosage: same as Cafergot Suppositories.



patients and their treatment, he asked, "Isn't this the way all hospitals used to be-for people who are really sick?" Hospitals today are being used unwisely all too often: as hotels during diagnostic work-ups, for "a good rest," to get an ailing grandmother out of the house for a while, as a substitute for nursing homes or home care, and sometimes just to capitalize on hospital insurance.

The last point is significant:

Until doctors and patients alike stop regarding the hospital as the only source for competent medical services, there'll be no limit to the cost of health insurance. Out-patient medical care is the orphan of health insurance. This orphan must be adopted and nurtured to provide better distribution of health services and lower over-all costs. We must provide for comprehensive care out of hospitals to avoid needless hospitalization.



Can we measure the patient's comfort?

Not objectively, as activity of the heart can be measured electrocardiographically.

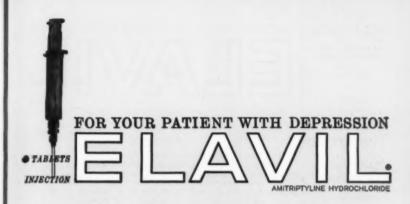
The higher level of relief reported with this new corticosteroid is a subjective thing that must be seen, by you, in your own patients.

Upjohn 75th year

See page, 55 for description, indications, dosage, precautions, side effects, and how supplied.

The Upjohn Company, Kalamazoo, Michigan

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the antidepressant with a significant difference:
• given orally or parenterally, ELAVIL provides
PROMPT relief of associated anxiety, tension,
and insomnia • followed by control* of
underlying depression

*Some depressed patients respond within 5 to 10 days, while others may require up to two weeks or longer to obtain benefit.

SPAN OF ACTIVITY OF PSYCHOACTIVE DRUGS

TRANQUILIZERS ANTIDEPRESSANTS

ELAVIL

- · a single agent (not a combination of compounds)
- effective in all types of depression...particularly useful in depressed patients with predominant symptoms of anxiety and tension.
- · may be used in ambulatory or hospitalized patients
- · not an amine oxidase (MAO) inhibitor



please turn page for EXCERPTS FROM A SYMPOSIUM ON DEPRESSION

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SYMPOSIUM ON DEPRESSION

with Special Studies of a New Antidepressant, Amitriptyline

A SCIENTIFIC MEETING

DEW YORK, S. Y.

EXCERPTS FROM A SYMPOSIUM ON DEPRESSION

Dis Vol

ELAVIL

INVESTIGATOR

DUNLOP, E.: The treatment of depression in private practice.

FINDINGS

"Amitriptyline [ELAVIL] has a specific advantage over any antidepressant currently available and I see increasing evidence of its usefulness in reducing tension, agitation and anxiety, as well as in relieving the depressive quality of the illness. Amitriptyline appears... to combine better than any other antidepressant drug the successful treatment of anxiety at one end of the scale and depression at the other. Experience in the past has shown us that, when using electroshock or analeptics, although depression can be relieved, the accompanying anxiety eventually proves more trouble-some than the depressive phase of the illness. Amitriptyline successfully bridges these divergent symptoms which are displayed in varying proportions in all depressive syndromes.

"...Approximately one hundred and twenty patients have been studied with amitriptyline during the last fifteen months. It is an effective antidepressant when employed in both hospital and ambulatory patients. Its dependability and freedom from toxicity and severe side effects merit further evaluation on a broader spectrum of depressive disorders."

BENNETT, D.: Treatment of depressive states with amitriptyline.

"In those cases showing a good response, early and dramatic improvement in sleeplessness resulted and many patients noted a feeling of relaxation. The ability of some patients to reduce their night sedatives after only a month's treatment was unique in my experience of the treatment of depression."

SAUNDERS, J. C.: Antidepressives: the pith of affective therapy.

"Its primary action in hospitalized psychotics is antidepressive; this along with its very low rate of side actions make it a drug of potentially frequent application in a broad spectrum of neuropsychiatric diseases. ... Since a large part of any hospital population will reach a plateau if given only a tranquilizer or an energizer, we suggest that amitriptyline alone be given prior to combination therapy, as this drug is easier and safer to administer and produces a significant improvement in a high percentage of cases (60-75)."

OSTFELD, A. M.: Effects of an antidepressant drug on tests of mood and perception.

"Finally, it appears that amitriptyline in the doses employed here is relatively effective in depressed states of neurotic proportions. Its freedom from severe side effects in doses that are therapeutically effective seems established in this patient population."

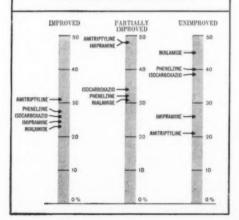
INVESTIGATOR

FINDINGS

AYD, F. J., JR.: A critique of antidepressants. "Amitriptyline and imipramine induce similar side effects but, generally speaking, those of amitriptyline cause less subjective discomfort in patients than those of imipramine.

"... Many of the factors that favor a satisfactory response to these drugs are also those clinically associated with the expectation of a good reaction to ECT. The danger lies in their general slowness in taking effect which makes their use hazardous for severely depressed suicidal patients who, preferably, should be treated with electroshock therapy. Otherwise, these compounds can be a satisfactory substitute for shock therapy for most depressed patients. Thus, these drugs have lessened the need for ECT. On those occasions when ECT is necessary, if the shock therapy is combined with an antidepressant. ECT can be dispensed with after a few treatments."

COMPARISON OF THERAPEUTIC RESULTS WITH VARIOUS ANTIDEPRESSANTS





please turn page

EXCERPTS FROM A SYMPOSIUM ON DEPRESSION



AMITRIPTYLINE HYDROCHLORIDE

INVESTIGATOR

(continued)

FINDINGS

DORFMAN, W.: Masked depression. "In evaluating the effectiveness of amitriptyline in all these different settings, it was considered to be effective in 17 of the 25 patients (68%)."

FELDMAN, P. E.: Psychotherapy and chemotherapy (amitriptyline) of anergic states, "Compared to other energizer compounds, particularly the hydrazines, amitriptyline appears to be relatively nontoxic. The laboratory reports for the most part remained within normal limits. Occasionally, abnormal readings were reported, but these appeared only sporadically and were not related to any clinical findings."

INDICATIONS: manic-depressive reaction — depressed phase; involutional melancholia; reactive depression; schizo-affective depression; neurotic-depressive reaction; and these target symptoms: anxiety; depressed mood; insomnia; psychomotor retardation; functional somatic complaints; loss of interest; feelings of guilt; anorexia. May be used whether the emotional difficulty is a manifestation of neurosis or psychosis, 1 and in ambulatory or hospitalized patients, 1, 2, 3

USUAL ADULT DOSAGE: Tablets — initial dosage 25 to 50 mg. three times a day, depending on body weight, severity, and clinical disturbances. Dosage may be adjusted up or down depending upon the response of the patient. Some patients improve rapidly, although many depressed patients require four to six weeks of therapy before obtaining antidepressant response. For the ambulatory patient the dosage range for Tablets ELAVIL is 40 to 150 mg. daily. In the hospitalized patient, a daily dosage up to 300 mg, may be required. Injection ELAVIL may be given IM to rapidly calm depressed patients with symptoms of anxiety and tension while instituting therapy of the underlying depression. Initial therapy is 2 to 3 cc. (20 to 30 mg.) IM, q.1.d.

The natural course of depression is often many months in duration. Accordingly, it is appropriate to continue maintenance therapy for at least three months after the patient has achieved satisfactory improvement in order to lessen the possibility of relapse, which may occur if the patient's depressive cycle is not complete. In the event of relapse, therapy with ELAVIL may be reinstituted.

ELAVIL is not a monoamine oxidase (MAO) inhibitor. It does, however, augment or may even potentiate the action of MAO inhibitors. Thus, in patients who have been receiving MAO inhibitors, ELAVIL should be instituted cautiously after the effects of the MAO inhibitors have been dissipated. No evidence of drug-induced jaundice, agranulocytosis, or extrapyramidal symptoms has been noted. Side effects with ELAVIL are seldom a problem and are not serious. They are dosage-related and have been readily reversible. Side effects (drowsiness, dizziness, nausea, excitement, hypotension, fine tremor, jitteriness, headache, heartburn, anorexia, increased perspiration, and skin rash), when they occur, are usually mild. However, as with all new therapeutic agents, careful observation of patients is recommended. As with other drugs possessing significant anticholinergic activity, ELAVIL is contraindicated in patients with glaucoma, prostatic hypertrophy and urinary retention.

SUPPLY: Tablets, 10 mg. and 25 mg., in bottles of 100 and 1000. Injection (intramuscular), in 10-cc. vials, each cc. containing 10 mg. amitriptyline hydrochloride, 44 mg. dextrose, 1.5 mg. methyl-paraben, 0.2 mg. propylparaben, and water for injection q.s.

REFERENCES: 1. Ayd, F. J., Jr.: Psychosomatics 1:320, Nov.-Dec. 1960. 2. Dorfman, W.: Psychosomatics 1:153, May-June 1960. 3. Barsa, J. A., and Saunders, J. C.: Am. J. Psychiat. 117:739, Feb. 1961.

Before prescribing or administering ELAVIL, the physician should consult the detailed information on use accompanying the package or available on request.



MERCK SHARP & DOHME, DIVISION OF MERCK & CO., INC., WEST POINT, PA.

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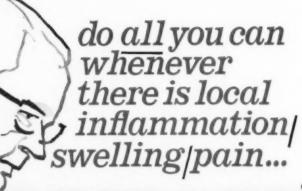
Answers to the following questions, asked by MEDICAL ECONOMICS readers, have been supplied by a panel of this magazine's contributing editors and editorial consultants as listed on page 15.

Question: What's the best way to reduce fees for chronically ill patients who can't afford my normal charges? . . . Answer: The best way is the one that suits the circumstances. Here are four common methods: (1) Lowering the fee for each procedure is the most unobtrusive way, but it makes for more paper work. (2) Chopping a percentage off the monthly bill is a little less discreet but simpler. (3) Charging a flat monthly rate works well if the patient doesn't try to squeeze extra services out of you. (4) Billing only for every other visit is a workable method if the visits are fairly consistent. For the no-charge visits, simply send the patient a statement with the notation "N.C." in the balance due column.

Lowering fees for longterm patients

Question: The five-man group practice I'm thinking of joining wants to start me out on a salary with an option to buy into the group later on. Is this a common procedure or are they taking advantage of me? . . . Answer: It's acceptable, providing your contract states exactly how long you're to remain on salary. Don't be put off by vague promises to discuss partnership terms later on. If you do, you may find yourself serving a much longer apprenticeship

When you join a group as a paid assistant



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buccal tablets

"Normal" recovery is not enough. Now, by adding VARIDASE to your procedure, you can release your patient from the stress and pain of a "normal" recovery—put comfort in convalescence, shorten the recovery cycle, and reap the reward of greater patient appreciation.

• In treating refractory, chronic conditions, VARIDASE therapy gives added impetus to recovery. In common, self-limiting conditions, VARIDASE provides an easier convalescence with faster return to constructive living. This can be of major importance even to the patient with a "minor" condition. • VARIDASE Buccal Tablets are indicated to control inflammation following trauma or surgical procedures, and in suppurative or inflammatory lesions of subcutaneous and deep tissues.

 Precautions: VARIDASE has no adverse effect on normal blood clotting. Care should be taken in patients on anticoagulants or with a deficient coagulation mechanism. When infection is present, VARIDASE Buccal Tablets should be given in conjunction with antibiotics.

• <u>Dosage</u>: One buccal tablet four times daily usually for five days. To facilitate absorption, patient should delay swallowing saliva.

• Supplied: Each tablet contains 10,000 Units Streptokinase, 2,500 Units Streptodornase. Boxes of 24 and 100 Tablets.

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than you originally expected. Also, make sure you've thoroughly ironed out all the financial arrangements for eventually buying into the group before you go ahead with signing the contract.

Question: I know it's a good practice to itemize the services on a patient's bill, but is it a good idea to itemize charges as well? Doesn't this encourage comparison shopping? . . . Answer: It might, but that's no reason for not itemizing. Patients have a right to know what services cost. Then, too, listing charges separately shows that the bill is a composite of standard charges—not an arbitrary amount.

Itemizing your charges as well as services

Question: What fringe benefits are doctors offering their aides these days? . . . Answer: Most doctors give their aides six paid holidays a year, a two-week paid vacation, and some form of overtime compensation (usually equal time off). A recent survey by this magazine also found that most of the queried doctors give yearly bonuses of at least a week's salary.

Fringe benefits to offer a new aide

Question: If I could get some of my slow payers to settle their accounts before they leave my office, a lot of my collection problems would be solved. How can I do this tactfully? . . . Answer: As you dismiss one of these patients, hand him a charge slip to give to your receptionist. Your aide can then pull his account card, open her receipt book, poise her pen over it, and say politely: "Your balance is \$20, Mr. X." You'll be surprised how often this works.

How to get cash on slowpay accounts

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REMESE

a more clinically useful diuretic/antihypertensive

IN BRIEF

RENESE (polythiazide) is a new, highly potent, orally effective, nonmercurial diuretic, saluretic, and antihypertensive agent with a high therapeutic index, low order of toxicity, and an intrinsically prolonged duration of action which enhances the excretion of sodium and chloride by the renal tubules.

INDICATIONS: RENESE is indicated for the treatment of hypertension and edema. It has been found useful in congestive heart failure, fluid retention of pregnancy, premenstrual tension, obesity (where fluid retention is present), renal edema, cirrhosis, drug-induced edema, and toxemia of pregnancy.

ADMINISTRATION AND DOSAGE: Initial dose: Depending on the severity of the conditions, initial doses of RENESE may range from 1 mg. to 4 mg. daily (refractory cases may require as much as 12 mg. daily). Maintenance dose: Usual effective maintenance doses range from 1 mg. to 4 mg. daily, depending on the severity of the cases. Some patients have responded to 1 mg. every other day (0.5 mg. daily).

SIDE EFFECTS AND PRECAUTIONS: Since all diuretic agents may reduce serum levels of sodium, chloride, and potassium, patients on RENESE should be observed regularly for

early signs of fluid or electrolyte imbalance. Caution must be exercised during digitalis administration to prevent hypokalemia since patients are then more sensitive to the development of digitalis toxicity. During RENESE therapy of edema in patients with chronic renal disease, routine precautions should be taken against renal failure as indicated by an increasing blood urea nitrogen. Like other thiazide diuretics, RENESE may cause a rise in serum uric acid levels and should therefore be used with caution in patients with gout. Should overt manifestations of gout appear, the con-comitant use of uricosuric agents may be effective in relieving the symptoms. Side effects with RENESE, such as nausea, vertigo, weakness, and fatigue are infrequent and seldom require cessation of therapy. Most of these reactions may be overcome by reducing the dose of RENESE or by taking measures to improve any electrolyte imbalance. Mild maculopapular skin rash has been rarely reported. Extra precautions may be necessary in patients who may require norepinephrine, or curare or its derivatives.

SUPPLIED: RENESE is available as 1 mg., white, scored tablets in bottles of 30; 2 mg., yellow, scored tablets in bottles of 30; 4 mg., white, scored tablets in bottles of 30.

More detailed professional information available on request.

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A MORE CLINICALLY USEFUL DIURETIC/ANTIHYPERTENSIVE

active antihypertensive road benefit linically confirmed convenient control dosage dexterity dependable diuresis enhanced effectiveness foremost flexibility ncreased individualization long lasting

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"prolonged performance"_RENESE activity lasts for at least 24 hours on a single dose1-thus assuring convenient once-a-day dosage for most patients, every-other-day dosage for selected patients. With RENESE available as 1 mg., 2 mg., and 4 mg. scored tablets, there is a once-a-day form for each and every patient - mild, moderate, or severe.

1. Ford, R. V.: Current Therap. Res. 3:320, July, 1961.



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Professional briefs

Medical Economics, November 20, 1961

IN SURGICAL MALPRACTICE CASES, who interprets hospital charts for plaintiff's attorneys? Lawyer Alfred Julien says it's often an anesthetist, whose cooperation may be obtained through "friendship, plus adequate fee, plus a promise not to use his name in the case."

CHIROS STRIKE BACK: Wisconsin chiropractic society official O.L. Hilde claims that many M.D.s are "attempting to duplicate" his cult's treatments. He wants legislation to keep "unqualified" M.D.s out of chiropractic.

DO PATIENTS WANT MORE PREVENTIVE CARE than they're getting? A new survey by this magazine shows that 60 per cent of the physical checkups being done are suggested by the patients.

AN M.D. COULD GET THE BLAME for burns a child got in a 10-year-old hospital incubator that had no thermostat. Said the court: A hospital isn't required to "incorporate in existing equipment the latest . . . improvements, even though [they] may make the equipment safer."

"THIS PLACE IS NO ABORTION CENTER," warns Dr. A. S. Casonova-Diaz, chairman of Puerto Rico's board of medical examiners. He says unmarried

... Professional briefs

girls have come there for abortions, claiming stateside doctors told them the procedure is legal there. "Nontherapeutic abortions are just as illegal here as in the States," he points out. "And they're no more prevalent."

NEXT TIME A PATIENT COMPLAINS about hospital bills, you may want to point out what it costs to develop new procedures. Today, some 100 hospitals are equipped to do open-heart surgery, notes Donald C. Carner, a California hospital administrator. "And I doubt that the first open-heart surgery case undertaken in any hospital cost less than \$100,000."

WHAT PERCENTAGE DO DOCTORS CONTRIBUTE to their hospitals' fund drives? A new study of 71 such campaigns shows that of the total raised, the medical staffs kicked in a median 10%.

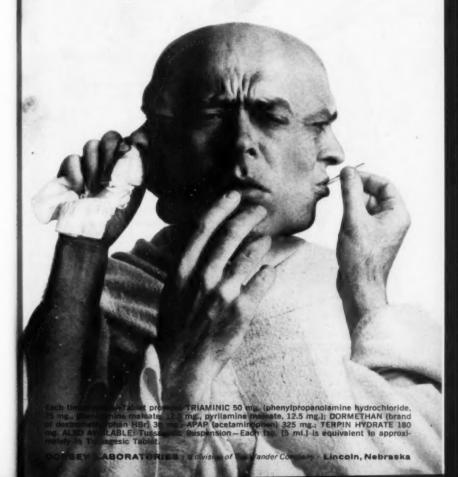
BEEFING UP MEDICAL DISCIPLINE is proving to be rough going in some areas. The Wisconsin Academy of General Practice has voted not even to consider a plan for denying membership to "inferior" doctors. And Colorado medical society delegates had to overrule one of their own reference committees to keep alive a study of whether the state medical examiners should be legally empowered to revoke licenses.

the three faces of a cold

TUSSAGESIC treats them all. One timed-release tablet provides Triaminic*, superior upper respiratory decongestant for stuffed and running nose; Dormethan*, non-narcotic antitussive and Terpin Hydrate, classic expectorant for cough; APAP, effective antipyretic-analgesic for pain and fever. Relief lasts 6 to 8 hours.

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Will Javits bring on Social Security medicine?

This former opponent of Social Security-paid care for the aged now says he'll back it if the aged can have a wide choice of benefits, and if each state can run its own show

By Robert L. Brenner

With most Congressmen away from Washington until January, you might expect a lull in the battle over health care for the aged. But you'd be wrong. Lawmakers on both sides are still jockeying for position on this vital issue. The latest tactical maneuver has been made by a man who's becoming more and more a key figure: Republican Senator Jacob K. Javits of New York. His recent move may have more effect on health care legislation next year than anything else that's happened during 1961.

This year, the Administration didn't really push its bill to tie health care for the aged to

Social Security. One reason was that it simply didn't have enough votes. Such a plan could probably be put over if the Senate's liberal Republicans swung behind it. That's why Senator Javits's latest move is so important to doctors. He's announced a compromise program that he says other liberal Republicans will support. It does include financing the aged's health care through Social Security. But individual states would administer the program, and beneficiaries could choose among three types of coverage.

Before I outline this new program—and tell what Senator Javits thinks about its chances



"I don't want care for the aged to get sidetracked through another Congressional session," Senator Javits says. He feels his compromise plan is the one most likely to pass.

—let's look briefly at the legislative maneuvers that led to it.

On the same day that the Administration's Anderson-King bill was introduced in Congress last February, Javits introduced a counter-measure. It proposed broader and more varied benefits than Anderson-King. For one thing, it covered doctor bills. For another, it of-

fered the aged a choice of shortterm illness and preventive benefits, long-term illness benefits, or payments toward private health insurance. It also proposed financing these benefits by Federal matching grants to the states. Eight other Republican Senators co-sponsored Javits's bill: George D. Aiken (Vt.), John Sherman Cooper

Medical Economics, November 20, 1961

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Physic ESIDRIX

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measurable benefits in edema and hypertension

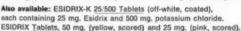


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For complete information about Esidrix and Esidrix-K (including dosage, cautions, and side effects), see current Physicians' Desk Reference or write CIBA, Summit, N. J.

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(Ky.), Norris Cotton (N.H.), Hiram L. Fong (Hawaii), Kenneth B. Keating (N.Y.), Winston L. Prouty (Vt.), Leverett Saltonstall (Mass.), and Hugh Scott (Pa.). Javits got nowhere promoting this bill. Because the House Ways and Means Committee bottled up the Anderson-King measure, the Senate never even considered health care for the

Javits's compromise plan for Social Security medicine

"Some details must still be worked out before this program gets into bill form," says Senator Javits. Here are the details thus far established:

Benefits. Eligible aged would choose among three options:

1. Short-term illness benefits. These would include twenty-one days' hospital or sixty-three days' nursing-home care, twelve doctor-visits, \$100 worth of diagnostic work, and twenty-four days' home health services per year.

2. Long-term illness benefits. After a \$250 deductible, 80 per cent of the cost of 120 days' hospital care, in-hospital surgery, unlimited nursing-home and home care per year.

3. Payment (probably about \$100 per year) toward private health insurance with benefits comparable to those above.

Eligibility. Everyone over 65 who didn't get medical benefits under another Federal program and who earned less than \$2,400 a year would be eligible. For those over 72, there'd be no earnings limitation. An estimated 12,000,000 people would be eligible under the proposed program.

Cost. An estimated \$1,230,000,000 per year.

Financing. About \$1 billion would come from raising Social Security taxes ¼ of 1 per cent for employers and employes, ¾ of 1 per cent for the self-employed. The rest would come from general Federal revenues. The program would be administered by individual states under agreement with the Secretary of Health, Education, and Welfare. In states where the Secretary couldn't conclude an immediate agreement, he would administer the program directly.

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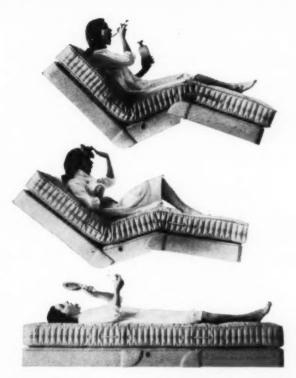
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PRESCRIPTION #1...AND HOW TO GIVE IT WITH SIMMONS NEW BEAUTYREST ADJUSTABLE BED

Rest, all physicians agree, is "prescription # 1" for both minor and serious illnesses. But keeping patients in bed for as long as necessary—that's a problem.

Now in Simmons new Beautyrest Adjustable Bed, patients are spared discomforts and monotony of confinement to an ordinary bed at home.

Note the restful positions your patients can assume with famous Beautyrest comfort. At the touch of a finger, the bed responds, to support and to relax your patient—increasing the therapeutic value of bed rest.

Available in twin-bed size, normal or extra firm models with manual control—or automatic electric control. Fits any standard bedstead or adjustable frame. Looks like a regular bed. See this new idea in patient comfort at leading stores.

aged. Javits considered tacking his bill onto a House tax measure, but Senate leaders talked him out of it.

With his own bill blocked, Javits and his co-sponsors let it be known that they might accept the Anderson-King principle of Social Security financing if the broader benefits in their bill could be retained. Soon there were reports that Javits was working on a compromise bill. Early last month,

Javits confirmed these reports. "I have said on the floor of the Senate, and many times since, that a compromise can be worked out to accommodate those who advocate the Social Security approach and still retain the Republican support needed to get [health-care-forthe-aged] legislation through Congress," he told health-plan officials. Then he outlined the proposal on page 198.

Shortly after Senator Javits



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*Edelstein, A. J.: Pennsylvania M. J. 62:1831 (Dec.) 1959.

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Triple-bevel, sharp needle minimizes pain. Fresh cartridge-needle unit for each injection is assuring to patients.

MEETS ALL INJECTION NEEDS

Drugs available in Tubex—either 1-cc. or 2-cc. sterile cartridge-needle units—fill most of your injectable needs in daily practice.

For all other injections, empty Tubex sterile cartridge-needle units may be employed; retain major advantages of Tubex system.



... Your politics

announced his new plan, I asked his opinion of its prospects and of the outlook for health-care legislation in general. Here's what I learned:

Q. Do you think Congress will act on health care for the aged in 1962?

A. Some such program will be passed in the next session. The only question is its form.

Q. Why didn't the Anderson-King bill come up for a vote this year?

A. The Administration sim-

ply swept it under the rug. They promised quick action on this issue all during the 1960 political campaign; then they let the entire 1961 session go by without seriously pushing their own bill. I think there are two key reasons why:

First, they're really worried about the cost of their program. They originally estimated it at slightly more than \$1 billion. By July, they'd upped this by about 10 per cent, and I've an idea they're not even sure of

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Medical Economics, November 20, 1961

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when more than "diet alone" is needed by the maturity-onset diabetic



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IN BRIEF

DIABINESE, a potent sulfonylurea, provides smooth, long-lasting control of blood sugar permitting economy and simplicity of low, once-a-day dosage, Moreover, DIABINESE often works where other agents have failed to give satisfactory control.

INDICATIONS: Uncomplicated diabetes mellitus of stable, mild or moderately severe nonketotic, maturity-onset type, Certain "brittle" patients may be helped to smoother control with reduced insulin requirements.

ADMINISTRATION AND DOSAGE: Familiarity with criteria for patient selection, continued close medical supervision, and observance by the patient of good dietary and hygienic habits are essential.

As with insulin, DIABINESE dosage must be regulated to individual patient requirements, Average maintenance dosage is 100-500 mg, daily. For most patients the recommended starting dose is 250 mg, given once daily. Geriatric patients should be started on 100-125 mg, daily. A priming dose is not necessary and should not be used; most patients should be maintained on 500 mg, or less daily. Maintenance dosage above 750 mg, should be avoided. Before initiating therapy, consult complete dosage information.

SIDE EFFECTS: In the main, side effects, e.g., hypoglycemia, gastrointestinal intolerance, and neurologic reactions, are related to dosage. They are not encountered frequently on presently recommended low dosage. There have been, however, occasional cases of jaundice and skin eruptions primarily due to drug sensitivity; other side effects which may be idiosyncratic are occasional diarrhea (sometimes sanguineous) and hematologic reactions. Since sensitivity reactions usually occur within the first six weeks of therapy, a time when the patient is under very close supervision, they may be readily detected. Should sensitivity reactions be detected, DIABINESE should be discontinued.

PRECAUTIONS AND CONTRAINDICATIONS: If hypoglycemia is encountered the patient must be observed and treated continuously as necessary, usually 3-5 days, since DIABINESE is not significantly metabolized and is excreted slowly, DIABINESE as the sole agent is not indicated in juvenile diabetes mellitus and unstable or severely "brittle" diabetes mellitus of the adult type. Contraindicated in patients with hepatic dysfunction and in diabetes complicated by ketosis, acidosis, diabetic coma, fever, severe trauma, gangrene, Raynaud's disease, or severe impairment of renal or thyroid function.

DIABINESE may prolong the activity of barbiturates. An effect like that of disulfiram has been noted when patients on DIABINESE drink alcoholic beverages.

SUPPLIED: As 100 mg. and 250 mg. scored chlorpropamide tablets.

More detailed professional information available on request.

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PFIZER LABORATORIES Division, Chas. Pfizer & Co., Inc. New York 17, New York that estimate. I think they want time for another look at the figures before pushing their bill.

Second, next year is an election year. I think the Administration hopes to enact the bill just in time to give them a hot issue for the fall campaign.

Q. You've said that your new program is one that liberal Republicans could support. Have the eight Senators who co-sponsored your original bill promised to back this new plan?

A. I haven't any definite commitments because I haven't asked for any. But we've all discussed this compromise plan, and a number of my colleagues are seriously interested in it. I'm fairly certain that a number of Republican Senators will support it.

Q. Have you got your pro-



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a NEW physiologic agent for many cases of FATIGUE

Wide range of utility

Studies in more than 2000 patients show that Spartase has a wide range of clinical utility in the fatigue syndrome. It may be used either alone in functional disorders or, adjunctively, in the presence of organic disease. Spartase is particularly useful in treating the tired patient with no evidence of organic dysfunction.

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Spartase is not a CNS stimulant, enzymatic inhibitor, or antidepressant. Does not cause hangover, dependence, or a let-down feeling.

There are no known contraindications to SPARTASE, nor does it produce serious side effects. Rarely, nausea, abdominal discomfort, or diarrhea may occur. Use *after* meals minimizes these.

For further information on limitations, administration, and prescribing of Spartase see descriptive literature or current Direction Circular.



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SPARTASE relieves fatigue expressed as:

chronic fatigue^{1,2}—without evidence of organic dysfunction—restores work capacity in selected cases

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fatigue accompanying organic conditions¹⁻³—such as postinfluenzal syndrome, post-infectious hepatitis and mononucleosis, convalescent pneumonia—prenatal and postpartum fatigue—obesity—anemia

note: The use of SPARTASE is not intended to supplant specific treatment for organic disease or to substitute for specific indications for potassium.

Wyeth Laboratories Philadelphia 1, Pa.



references: 1. Kruse, C.A.: Northwest Med. 60:597 (June) 1961. 2. Chesney, M.A., and Tullis, I.F.: Scientific Exhibit, Annual Meeting, American Medical Assoc., New York City, June 25-30, 1961. 3. Shaw, D.L., Jr; Chesney, M.A.; Tullis, I.F., and Agersborg, H.P.K., Jr.: Paper read at Sixty-second Annual Meeting, American Therapeutic Society, New York City, June 22-25, 1961.

gram in the form of a bill yet?

A. We're working on it. Some details still have to be worked out.

Q. When you announced your new plan, you said you were trying to get Administration support for it. Have any supporters of the Anderson-King bill said they'd support your compromise?

A. The Administration and labor leaders all have copies of my proposal and are studying it now. I can't predict whether the Administration finally will support it. But I can say that in lower-level talks between our people and Administration aides, the Administration men have indicated a large measure of agreement.

Q. Your plan calls for each state to administer its own aged-care program under an agreement with the Secretary of Health, Education, and Welfare. Would this require setting

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do you have all the answers? Best way to supply them is by giving the questioner a copy of MEDICAL ECONOMICS' special issue on the subject. Ten clearly-written articles tell what's causing

Medical Economics



hospital costs to zoom, why the public often blames this on the doctor, and how the physician can take action now to avert a crisis in private medicine. Reprints of the ten articles are available in a sixty-four page booklet. Prices: for quantities up to 100, \$1.50 each; 100 to 1,000, \$1.00 each; over 1,000, 25¢ each (plus shipping charges). Write Reprint Editor, MEDICAL ECONOMICS, Oradell, N. J.

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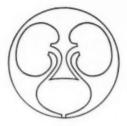
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Full



in painful urinary infections prescribe in one tablet the bactericide without mutation problems and the analgesic that gives rapid pain relief new Azo-Mandelamine brand of phenazopyridine HCI/methenamine mandelate

the urine-specific analgesic/antibacterial

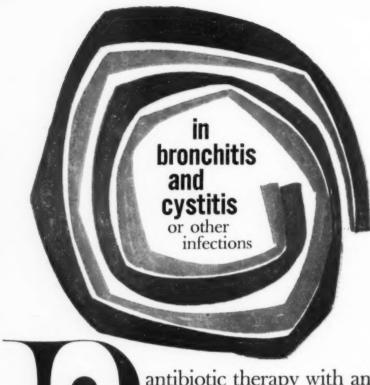
New Azo-Mandelamine is effective against most urinary pathogens and, unlike the antibiotics or sulfas, does not produce resistant mutants. In addition, its rapid analgesic action provides effective pain relief within 30 minutes. Because it is active only within the urinary tract, Azo-Mandelamine is well tolerated ... the sensitization and other systemic reactions sometimes encountered with other antibacterials do not occur. Dosage: 2 tablets 4 times a day. Precaution: Azo-Mandelamine is contraindicated in patients with renal insufficiency and/or severe hepatitis. An occasional patient may experience gastrointestinal disturbance.

Full dosage information, available upon request, should be consulted before initiating therapy.



8713

makers of Tedral Gelusil Proloid Peritrate



antibiotic therapy with an

CAPSULES, 150 mg., 75 mg. Dosage: Average infections-150 mg. four times daily. Severe infections-Initial dose of 300 mg., then 150 mg. every six hours.

PEDIATRIC DROPS, 60 mg./cc. in 10 cc. bottle with calibrated. plastic dropper. Dosage: I to 2 drops (3 to 6 mg.) per pound body weight per day-divided into four doses.

SYRUP, 75 mg./5 cc. teaspoonful (cherryflavored). Dosage: 3 to 6 mg. per pound body weight per day-divided into four doses. PRECAUTIONS — As with other antibiotics, DECLOWICIN may occasionally give rise to glossitis, stomatitis, proctitis, nausea, diarrhea, vaginitis or dermatitis. A photodynamic reaction to sunlight has been observed in a few patients on DECLOWICIN. Although reversible by discontinuing therapy, patients should avoid exposure to intense sunlight. If adverse reaction or idiosyncrasy occurs, discontinue medication. cation.

Overgrowth of nonsusceptible organisms is a possibility with DECLOMYCIN, as with other antibiotics, and demands that the patient be kept under constant observation.

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, N.Y.



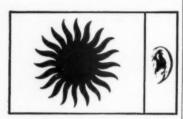
added measure of protection ®

against relapse- up to 6 days' activity on 4 days' dosage

against secondary infection- sustained high activity levels

against "problem" pathogens- positive broad-spectrum antibiosis

for better control of otitis externa



NEW

Neo-Polycin® HC Otic

relieves pain stops itching reduces inflammation combats infection



For a complimentary trade size package of new NEO-POLYCIN HC Otic, write to Professional Services Department—

PITMAN-MOORE COMPANY
DIVISION OF THE DOW CHEMICAL COMPANY
INDIANAPOLIS 6, INDIANA

up new administrative machinery in each state?

A. No. The agencies that now handle old-age assistance and other welfare programs that get Federal funds could simply be enlarged to administer this program.

Q. You also say that the program would be administered by the Secretary directly in those states that didn't conclude an agreement with him. Why would any state not conclude an agreement?

A. Some states now have constitutional bars to such a program, or they must pass enabling legislation before they could put it into effect. In those states, the Federal Government would have to administer this program at first. Otherwise, people eligible for benefits would have to wait two or three years to get them.

Q. Is this the final compromise that you and your liberal Republican colleagues are prepared to make on health care for the aged?

A. Let's say that this is a highly workable plan that both sides can support without violating any principles or campaign pledges. It would tie health care for the aged to Social Security, which the Democrats promised. Yet it would also keep administration at the local level, encourage the use of voluntary health plans, give the aged a wide choice of coverage, and keep hands off the doctor-patient relationship. These are all things that opponents of the Anderson-King bill have insisted on.

Q. Why did you pick this time to announce your new plan?

A. I want very much to see Congress pass a health bill for the aged this next session. In the Senate, the Administration needs the support of the eight to ten liberal Republicans like myself. If we can start reaching an agreement now and have a bill ready when Congress meets, we'll have a better chance of getting it through early.

Q. Won't such a bill get blocked again in the House?

A. Not if the Administration carries the ball there. If they really push, I think they can get a plan like mine through the House.

Medical Economics, Nov. 20, 1961

an incomparable dermatologic combination

DESITINGO OINTMENT WITH HYDROCORTISONE

anti-inflammatory, antipruritic hydrocortisone (1/4 % or 1 %)...

enhanced by time-tested soothing, healing Desitin Ointment formula...

controls pain, itching and inflammation as it promotes healing in: eczematous dermatitis (allergic, infantile, nummular, etc.), seborrheic dermatitis, anogenital pruritus, neurodermatitis, contact dermatitis (poison ivy, chemical irritants, etc.)

1/4 % HIGHLY ECONOMICAL, especially in long-term or large area therapy.

Supplied: $\frac{1}{4}$ % in 1 oz. tube only; 1% in tubes of $\frac{1}{2}$ and 1 oz.



For samples and literature write . . .

DESITIN CHEMICAL COMPANY 812 Branch Avenue, Providence 4, R. I.

note: DESITIN OINTMENT, as such, is of course available as always.

New college loan plan: Pay now, go later

It may soon be easier for you to line up a loan to finance your child's college education while he's still a freshman in high school. Such a "planned education program" has already been introduced by one New York bank, and similar programs are expected to be offered soon by banks elsewhere. The new program, set up by the Chemical Bank New York Trust Company, will provide an education fund of up to \$15,000 to be paid off in monthly installments over a ten-year period.

Suppose your child is in his first year of high school. You estimate that you'll need \$12,-000 for his college education. That means that four years hence you'll have to start budgeting \$250 a month to meet his bills. The bank's program would shift that cost from \$250 a month for a period of four years to about \$104 a month for a period of ten years.

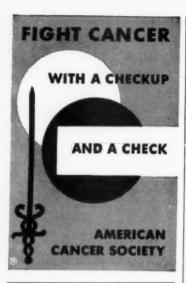
Here's how the plan works: You apply to the bank for a "planned education program" now. To reach your required total of \$12,000, you must make 120 monthly payments of \$100 each, plus interest and life insurance charges of \$4.06 a month (current rates).

The bank then opens a savings account in trust for your prospective collegian. As long as your child is still in high school, your monthly payments go into this savings account, and the bank pays its regular interest rate on the growing total in the account.

When he enters college, the bank transfers your accumulated deposits and interest into a special trust account that pays no interest. From this account, it pays the prearranged \$12,000 in eight equal installments, timed to meet the typical college's semi-annual bills. It first pays out your accumulated savings and interest. Then, when it begins advancing its own money, it starts charging you interest on the increasing amount of the loan.

Interest rates? The bank currently charges a discount installment rate of $3\frac{1}{3}$ per cent—which amounts to a true annual





how's your

MWQ?

That's short for Medical Witness Quotient. And if yours isn't fairly high, you can do yourself—and others—a lot of damage when you take the stand. Fortunately, yours can be high. To improve it, just turn to p. 90 and read "How to Avoid Hurting Yourself as a Witness."

...Your family

rate of about 61/3 per cent. (That's relatively low for an unsecured loan.) So on a ten-year loan of \$12,000, your costs would be figured this way:

Interest charges	.\$329.14
Life insurance	. 435.60
Total	.\$764.74
Less interest earned	. 277.80
Net cost	.\$486.94

You can begin the monthly payments any time between your child's entrance into high school and the end of his junior year. But the longer you wait, the fewer years you'll have to make payments; so each payment will be higher. If your child decides not to go to college or quits before he finishes, you can drop out of the plan. In such cases, you'll owe interest only on the amount of money the bank has actually advanced.

The plan's chief drawback: You're tied to a commercial bank's savings account—and that means relatively low interest. But this disadvantage is partially offset by a firm advance commitment on a loan for your child's education.

When the family grows too fast...

...does she know that only you can help?

Many patients are unaware that their physician is the best source of contraceptive advice. Your prescription for Ortho-Gynol or Ortho-Creme with a diaphragm assures them the best available contraceptive protection. Accurate tests* for spermicidal potency, as well as years of clinical use, demonstrate that ORTHO contraceptive products are instantaneously spermicidal. The choice between Ortho-Gynol and Ortho-Creme is one of individual esthetic preference.

Ortho-Gynol Vaginal jelly you

Ortho-Creme

•The spermicidal potency of all ORTHO products is controlled by the Titration Test and the Sander-Cramer Test, which more closely duplicate vaginal conditions during coitus than other tests.

WHENEVER A DIAPHRAGM IS INDICATED



AN ANTIBIOTIC OF GROWING IMPORTANCE BECAUSE IT MEETS A GROWING THREAT: RESISTANT GRAM-NEGATIVE INFECTIONS— PARTICULARLY PSEUDOMONAS INFECTIONS

NEW COLY MYCIN

Especially valuable in acute or resistant gram-negative urinary infections— Coly-Mycin is "the drug of choice" for Pseudomonas infections of the urinary tract.^{1,2} It is also effective in respiratory, blood stream, surgical, wound and burn infections due to sensitive organisms.

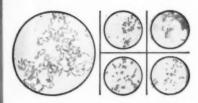
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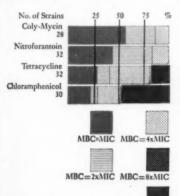
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INJECTABLE

"...a remarkably bactericidal antibiotic for Pseudomonas..." Coly-Mycin is also primarily bactericidal against a wide range of other gram-negative pathogens, including resistant strains of E. coli and A. aerogenes as well as Pseudomonas. (It is not effective against most Proteus strains.)

Bactericidal activity of Coly-Mycin and 3 other antimicrobials in vitro against strains of Enterobacteriaceae. (MBC-minimum bactericidal concentration; MIC-minimum inhibitory concentration.)*



*Adapted from McCabe, et al.4 MBC >8xMIC Exceptionally safe at recommended dosage. No blood dyscrasia, monilial overgrowth, renal or auditory nerve damage has been reported. Deep intramuscular injection causes little, if any, pain.

Quickly attains therapeutic blood levels and urine concentrations—Rarely induces bacterial resistance

Full dosage information, available on request, should be consulted before initiating therapy.

For deep intramuscular injection only. In vials containing 150 mg. of colistin base as colistimethate sodium.

References: 1. Seneca, H.; Lattimer, J. K., and Zinsser, H. H.: New York J. Med. 60:3630, 1960.
2. Roberts, C. E., Jr., and Kirby, W. M. M.: Colistin in the treatment of hospitalized patients with Pseudomonas infection. Presented at the 1960 Conference on Anti-Microbial Agents, Washington, D. C. 3. Seamey, T. A., in Conn, H. F. (Ed.): Current Therapy 1961, Philadelphia, W. B. Saunders Company, 1961, p. 357. 4. McCabe, W. R.; Jackson, G. G., and Kozij, V. M.: Antibiotics Annual 1959-1960, New York, Antibiotica, Inc., 1960, p. 80.



makers of Gelusil Mandelamine Peritrate Proloid Tedral





KOLANTYL CONTROLS ACID AND PAIN!

Ulcer therapy requires more

"Putting alkali into the stomach does not always relieve pain, even though the acid is completely neutralized thereby,"1

Kolantyl provides the missing action - SPASMOLYSIS - plus 3 additional healing actions

"... our studies indicate that ulcer pain in the uncomplicated case is invariably associated with abnormal motility."2

A groundswell of medical opinion now indicts gastric spasm -as well as acid-in the causation of ulcer pain.1-6

Kolantyl is so much more than an antacid

Examine the KOLANTYL Formula: antispasmodic: BENTYL (dicyclomine) Hydrochloride antacids: Magnesium Oxide/Aluminum Hydroxide Gel demulcent: Methylcellulose anti-enzyme: Sodium Lauryl Sulfate

Brochure with full product information available on request.



THE WM. S. MERRELL COMPANY Division of Richardson-Merrell Inc. Cincinnati, Ohio/Weston, Ontario TRADEMARKS: KOLANTYLO, BENTYLO 29, 1954.

References: 1. Altschule, M. D.: Med. Sci. 6:560, 1959. 2. Ruffin, J. M.; Bay-lin, G. J.; Legerton, C.W., and Texter, In. 6. J.; Legerton, C. W., and Texter,
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 J. L. A.; Wechsler, R. L., and Bockus,
 H.: Gastroenterology 31:493, 1956.
 Roth.
 R. L. W. Castroenterology 27:200. 6. Rafsky, J. D.: Gastroenterology 27:



How I save \$2,500 a year on overhead

It's no problem, says this doctor, once you develop an ability to handle (1) light housekeeping duties and (2) your wife

By Otis W. Schorling, M.D.

One evening about a year ago, I decided to kick the television habit and settle down with a good book. The volume I chose was hardly literature, but it was certainly interesting—to me, at any rate. It was my bookkeeping record of professional expenses.

As I leafed through its fascinating pages, something got clearer and clearer: I'd been spending a great many small amounts needlessly. And they added up to an impressive total. Thus was born a rewarding hobby of mine: cutting down on my overhead costs.

I say "hobby" because my un-

THE AUTHOR, a radiologist in Rochester, Mich., has won a MEDICAL ECONOMICS Award for this article. dertaking calls for no real belttightening or other unpleasant effort. Indeed, I enjoy it. Let me tell you how all this has reduced expenses in several main areas of my overhead. Maybe you'll want to try some of the same things yourself.

Transportation. It's high time we kill the myth that transportation doesn't really cost much when it's a business expense. Even when tax-deductible, it's still costly. As I see it, the fundamental purpose of a passenger vehicle is to move people from Point A to Point B. Once this is grasped, a psychological barrier has been broken, and you can begin to think small about how to achieve the basic

eid:

Six ways Dr. Schorling saves on professional expenses

	1960	1961	Saving
Transportation	\$1,264	\$644	\$620
Accounting	480	65	415
Collections	485	240	245
Rent	1,944	1,296	648
Laundry	331	75	256
Janitor service	360	40	320

Total savings: \$2.504

transportation aim at lower cost.

I did it by trading in a large, expensive automobile (one of "the low-priced three") for a small, inexpensive import. Thus I saved on initial outlay, gasoline (you really can get thirty miles per gallon), repairs, the slower depreciation rate, license fees, insurance, and maintenance. (Even a car wash is cheaper.)

Now, this wasn't an unmixed blessing—as anyone who's driven a small car on a gusty day will testify. But it sure did save me money: \$620 in one year. Accounting services. We're all in awe of Internal Revenue—and of anyone who knows how to deal with those mysterious folk. We're especially impressed by anyone entitled to append "C.P.A." to his name. But do you really need a certifled public accountant to do your bookkeeping?

I used to have one do my books regularly, but no more—not the bulk of it, anyhow. One day I cleared my throat nervously and asked him if he'd mind if my wife took over most of the bookkeeping. I explained that she'd been a math major in col-



for EDEMA...CYCLEX provides the prompt diuresis of HYDRODIURIL for rapid reduction of weight gain, breast fullness, abdominal congestion

to relieve the symptoms of premenstrual tension

for MOOD-CHANGES...CYCLEX supplies the effective relief of meprobamate for nervousness, irritability, tension, nausea, malaise, insomnia

for GI DISTRESS...CYCLEX affords quickacting relief of nausea and bloating associated with premenstrual tension

SUPPLIED: Tablets, bottles of 100. Each tablet contains 25 mg. of HYDRODIURIL (hydrochlorothiazide) and 200 mg. of meprobamate.

DOSAGE: Usual adult dosage is one tablet once or twice a day, beginning on the first morning of symptoms and continuing until the onset of menses. CYCLEX may be continued through the menstrual period.

Before prescribing or administering CYCLEX, the physician should consult detailed information on use accompanying package or available on request.

CYCLEX and HYDRODIURIL are trademarks of Merck & Co., Inc.



MERCK SHARP & DOHME Division of Merck & Co., Inc. West Point, Pa.

warts

VERGO . . . an ethical product. Pain-less, saje, gentle, easy. No scars, burns or harmful acids. Can be used freely on all parts of the body.

Samples and literature on request. DAYWELL LABORATORIES CORPORATION



DR. DOYLE

Engraved Porcel Bronze Nameplates are the est professional signs available. Lettering inlaid with ivery jeweler's enamel-making leg-ible contrast with dark exidized brenze plate.



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IN THE TREATMENT OF PSORIASIS



Clinically tested, safe and effective RIASOL offers maximum assurance against recurrence and adverse reactions. RIASOL contains 0.45% Mercury chemically combined with soaps, 0.5% Phenol, and 0.75% Cressi. Available at pharmacies or direct in 4 and 8 fluid ounces. Write for professional sample and



12850 Mansfield Avenue . Detroit 27. Michigan

... Your practice

lege and therefore was pretty bright. He looked puzzled for a moment, and I thought I heard him mutter, "But she married you, didn't she?" I must have been mistaken.

Anyhow, he took kindly to my suggestion. As things were, he said, he had too much work to do anyway. Winning my wife over was a bit harder. I did so by pointing out that, as a mere housewife and mother, she wasn't utilizing her splendid intellectual capacities. A course in accounting at a near-by university gave her the essentials for the job. Though occasionally she gets a glazed look in her eves and strikes her head with the heel of her hand, things have worked out well. She maintains a log book, while the C.P.A. serves in an advisory capacity and continues to fill out my tax returns. Total savings in one year: \$415.

Collections. This has never been a major problem; I've regularly collected about 95 per cent. Yet upping my collection by only 1 per cent would mean a few hundred dollars more.

I used to depend on a collec-

Medical Economics, Nov. 20, 1961

Increasingly... the trend is to

Terramycin GLUGGSAMAR

confirmed dependability in otitis media is just one reason why





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1961

New evidence demonstrates the effectiveness of Terramycin in otitis media ... another reason for the trend to Terramycin.

In a series of 41 cases of otitis media, Terramycin not only "was often sucfailed." but also showed that "it is extremely well tolerated"; oral dosage for infants was 250 to 375 mg. daily, for children, 500 mg. to 1 Gm. In many instances, oral therapy was preceded by intramuscular injection of Terramycin.

The authors concluded that "there is good reason to consider it [Terramycin]

These findings confirm the continuing vitality and broad-spectrum dependability of Terramycin, as reported through more than a decade of extensive clinical use.

125 mg. per tsp. and 5 mg. per drop (100 mg/cc.), respectively

deliciously fruit-flavored aqueous dosage forms conveniently preconstituted

Science for the world's well-being® (Pfizer)



PFIZER LABORATORIES Division, Chas. Pfizer & Co., Inc. New York 17, N. Y.

*Jacques, A. A., and Euchs, V. H.: J. Louisiana M. Sec. 113:200, May, 1961.



In brief

The dependability of Terramycin in daily practice is based on its broad range of antimicrobial effectiveness, excellent toleration, and low order of toxicity. As with other broadspectrum antibiotics, overgrowth of nonsusceptible organisms may develop. If this occurs, discontinue the medication and institute appropriate specific therapy as indicated by susceptibility testing. Glossitis and allergic reactions are rare. Aluminum hydroxide gel may decrease antibiotic absorption and is contraindicated.

More detailed professional information available on request.

TERRAMYCIN Capsules

250 mg. and 125 mg. per capsulefor convenient initial or maintenance therapy in adults and older children

TERRAMYCIN Intramuscular Solution-

50 mg/cc. in 10 cc. vials; 100 mg. and 250 mg. in 2 cc. ampules-preconstituted, ready to use where intramuscular therapy is indicated

tion agency to accomplish this. One year they came through with a total of only \$44.27. I realized a change was in order the day I received only \$9.20 out of a \$45 fee. The agency's cut and court costs had consumed the rest.

I dismissed the agency and turned part of the task over to you guessed it—my wife. She tackles the accounts that are six months to a year overdue. She's gone at it with gusto, employing firm letters and firmer phone calls. When a particularly stubborn account has finally been paid, I've heard her say: "I feel I really earned that money!" I agree.

The more difficult accounts are handled for me by a young lawyer. I pay him a much smaller percentage than I paid the agency—and he gets excellent results. It's remarkable what a short note under an attorney's letterhead can do. So consider-



Can we measure the patient's comfort?

Not objectively, as intraocular pressure can be measured with a tonometer.

The higher level of relief reported with this new corticosteroid is a subjective thing that must be seen, by you, in your own patients.

Alphadrol*

Upjohn
75th year

See page 55 for description, indications, dosage, precautions, side effects, and how supplied.

The Upjohn Company, Kalamazoo, Michigan copyright 1961, The upjohn company august, 1961 TRADEMARK, REG. U. S. PAT. OFF.—FLUPREDNISOLONE, UPJOHN

Medical Economics, November 20, 1961

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XUM

for <u>alert</u> tranquillity

anxiety relief-with a remarkably low incidence of drowsiness

Because effective antianxiety measures include:

· retaining clarity of mind, sound judgment, precision skills

· retaining natural zest, sense of contact, interest in life

· avoiding ataxia, drug-linked weight gain, destructive impulses

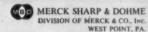
avoiding jaundice, blood dyscrasias, extrapyramidal reactions

Indications: For use in the common anxiety-tension states, as well as in virtually all conditions in which heightened tension is a barrier to mental or somatic well-being.

Dosage: The usual dosage in adults is one tablet three times daily, preferably just before meals. In insomnia due to emotional tension, an additional tablet at bedtime usually affords sufficient relaxation to permit natural sleep.

Supplied: Pink, coated, unmarked tablets, 200 mg., bottles of 100.

Before prescribing or administering STRIATRAM, the physician should consult the detailed information on use accompanying the package or available on request.





EMPLICAMAI

STRIATRAN IS A TRADEMARK OF MERCK & CO., INC.



What do these have in common?

PRURITUS set all these hands in motion. Itching (with or without scratching) in various body regions is a dermatologic symptom. When it occurs, Kenalog topical therapy provides rapid—even dramatic—improvement of lesions with prompt relief of itching. In addition to its antipruritic benefit, Kenalog (Squibb Triamcinolone Acetonide) has marked anti-inflammatory and antiallergic effects.

Mycolog is antipruritic, anti-inflammatory, antibacterial and antifungal-combines Kenalog with Spectrocin (Squibb Neomycin and Gramicidin) and Mycostatin (Squibb Nystatin) . . . added advantages when the condition is complicated or threatened by bacterial or monilial infection.

For full information, see your Squibb Product Reference or Product Brief.

Kenalog Cream Mycolog Cream



SQUIBB

Squibb Quality the Priceless Ingredient

SQUIDE DIVISION Olin NY

'KENALOG. . 'MYCOLOG. . 'SPECTROCIN' , AND 'MYCOSTATIN' ARE SQUIBB TRADEMARKS.

ing what the agency cost me in deductions before I received my tiny share, I figure my savings for a year on collection costs come to \$245.

Rent. My office is in an old dwelling (not my home). In shifting around in the ancient structure to find a more efficient set-up, I discovered we had one whole room we couldn't use. So I sublet it to an able medical technologist. He uses it as a clinical laboratory—a service the community badly needed.

Since my office rooms now lie in a direct path between the laboratory and the lavatory, traffic gets a bit out of hand sometimes. Still, the new arrangement is better than the old in two ways:

(1) To get from office to waiting room when my darkroom is in use, patients no longer have to walk around outside the building.

(2) By applying what the technologist pays me for the spare room to my rent, I save \$648 a year.

Laundry. I had been providing my patients with the unstarched, unironed gowns supplied by a laundry service. They looked as if they'd been slept in and I always felt apologetic about them. Yet the laundry bill was seldom less than \$30 a month.

Resolved to stop this waste, I bought a number of gowns advertised as wrinkle-proof—and they were! I launder them at home myself. I just wash, rinse, and hang them up. It takes me no more than thirty minutes a week. And do you know, I actually enjoy it. (But on those occasions when my wife can be persuaded to join in, she somehow doesn't find this form of togetherness a satisfactory recreational outlet!)

These simple labors allow me to tax-depreciate a portion of my home utility room. And this,



Medical Economics, November 20, 1961

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DEMARKS.

2 objective indexes show that in coronary artery disease

the one nitrate for all with or without angina is Peritrate

Peritrate increases myocardial blood flow to the normal range and sustains it there¹... without significant change in cardiac output,¹ blood pressure² or pulse rate.³

 Johnson, P. C., and Sevelius, G.: J.A.M.A. 173:1231 (July 16) 1980.
 Winsor, T., and Humphreys, P.: Angiology 3:1 (Feb.) 1952.
 Plotz, M.: New York J. Med. 52:2012 (Aug. 18) 1952.

Full dosage information, available on request, should be consulted before initiating therapy.

 Electrocardiograms, radioisotople tracings and case histories on file in the Medical Department of Warner-Chilcott Laboratories.

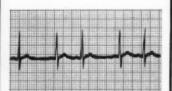
Electrocardiographic evidence:

Peritrate increases myocardial blood flow in a patient with angina*

The patient-tugboat captain, 57, with angina but no history of infarction. Blood pressure, 130/80. Normal sinus rhythm; ventricular rate, 72. Blood cholesterol, 344-583 mg./100 cc.



before Peritrate - S-T segment depressed after standard exercise.

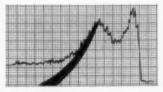


after Peritrate - (20 mg., given 4 hours before exercise test) S-T segment normal.

Radiocardiographic evidence:

Peritrate increases myocardial blood flow in a postcoronary patient without angina*

The patient - woman, 74, with 15-year history of hypertension. Posterior myocardial infarction in 1955. No angina. Before Peritrate: blood pressure, 210/110; pulse, 70. After Peritrate: blood pressure, 202/108; pulse, 68.



before Peritrate - Radioisotopic tracing shows myocardial blood flow (shaded area) after infarction reduced to 2.6% of cardiac output.



after Peritrate - (20 mg., given 21/2 hours before study) myocardial blood flow increased to 5.9% of cardiac output.

elius, G.: 16) 1960. reys, P.: Plotz. M.: (Aug. 15)

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oisotopic on file in f Warnerbasic therapy in coronary artery disease - with or without angina





makers of Tedral Gelusil Proloid Mandelamine

plus not having to pay the laundry, has resulted in a year's saving of \$256.

Janitor service. Here's another item that was costing me about \$30 a month. I also eliminated this expensive indulgence by doing the chore myself. Once a week, I sweep and mop my office floors. This, too, takes me only thirty minutes of honest toil. Every six weeks, I have a professional in to give the walls and floors a real going

over. So far, neither the board of health nor my patients have complained. And, in one year, it saved me \$320.

Please examine the accompanying table. You'll see that with very little work, a little ingenuity, and some sound redistribution of duties, I have reduced my overhead by more than \$2,500 a year.

Have I inspired you? Good! I suggest you now go and inspire your wife.

A DILLY

FROM PHILLY

Blessings on thee, pretty maid, Sitting naked, unafraid!

Thy exhibitionistic magic

Proves that life need not be tragic

For any maid with kindred soul

Whose skin is marred by wart or mole.

With Hyfrecators in the office

Of every specialist and novice,

Thy like will multiply all over And ecdysiasts will be in clover!

Abraham Freedman, M.D. 1520 Medical Arts Building Sixteenth at Walnut Sts. Philadelphia, Pennsylvania



WIN THIS PRIZE! The Birtcher Corporation will award a new Hyfrecator and \$25.00 in cash to the author of any original Hyfrecator Girl poem accepted for publication. Watch this space for these literary gems. Send Poems to Poem Editor, Department ME 1161B
The Birtcher Corporation, 4371 Valley Blvd., Los Angeles 32, Calif.

BIRTCHER MEDICAL ELECTRONICS...CARDIOLOGY/ELECTROSURGERY/PHYSICAL MEDICINE

AT LAST...AN EYEGLASS HEARING AID' FOR SEVERE HEARING LOSSES...

and of course it's a ZENITH

ZENITH DYNA-RANGE

Monaural-Binaural
A Gold Seal Series
Hearing Aid



Conventional hearing aid performance in a convenient eyeglass hearing aid!

You probably have patients who prefer an eyeglass hearing aid to the conventional aid, but have been unable to get satisfactory performance from those available. Or they may require two instruments for the benefits of binaural hearing, which is more practical with an eyeglass hearing aid. For this group, and for those who now wear eyeglass hearing aids of insufficient power, Zenith has developed the new Dyna-Range...an eyeglass model hearing aid that has the power and frequency response of a conventional model. The Zenith Dyna-Range is possible because of a new, improved four-transistor power circuit, specially designed earphone, and "float-mounted" Permaphone.®

Other features of the new Zenith Dyna-Range Hearing Aid include adjustable temple bars and connectors... combination volume control and on-off switch, and choice of black or mink colors. Frequency response curve made with output into 2 cc. coupler through 1½ in. of #11 tubing, with volume control set at 40 db gain. Free field sound pressure input level of 60 db.

Maximum Acoustic Gain 61 db ± 3 db Maximum Acoustic Power Output 128 db ± 3 db Maximum Acoustic Power Output 128 db ± 3 db Maximum Acoustic Power Output 128 db ± 3 db Maximum Acoustic Power Output 128 db ± 3 db Maximum Acoustic Power Output 128 db ± 3 db

*User purchases lenses and frame, if needed, from his own eyeglass specialist.

When you consider a Zenith Hearing Aid, you can be assured your patient will receive every benefit possible... the understanding, skilled assistance of Zenith dealers... instruments of finest quality and performance—backed by the world leader in TV and radio... servicing facilities unmatched in the industry.



--- WRITE FOR INFORMATION TODAY----

Hearing Aid Division, Zenith Radio Corp., Dept. 39YD 6501 W. Grand Avenue, Chicago 35, Illinois

Please send me the complete story about the newest Zenith "Living Sound" Hearing Aids.

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Hyfrecator

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If you were treating 25 pregnant, habitual aborters right now. what rate of success could you anticipate?

Lipp1 administered DEPO PROVERA to 25 pregnant, habitual aborters who totalled 94 previous successive abortions. Each patient had been under medical treatment for 8 to 48 months. Depo-Provera was started between the third and eighth weeks of pregnancy. Six patients received an average of 5.7 injections of 25 mg, through the twentieth week, and 19 received an average of 4.4 injections of 50 mg. during the same period of time.

The results: The first group of 6 patients delivered 4 viable infants (67% salvage) while the second group of 19 patients delivered 16 (84% salvage). No

side effects occurred and there was no evidence of female fetal masculinization.

Consider Intramuscular DEPO-PROVERA and Oral PROVERA for habitual aborters in your own practice: in parenteral form-a single 50 mg. injection produces a progestational effect for up to 16 days. in oral form-effective action with small oral dose. no significant side effects reported during extensive clinical study.

1. Lipp, R.G.: Habitual Abortion-Treatment with Parenteral Medroxyprogesterone Acetate, to be published.



Brief Basic Information

	Description	Indications	Dosage:		
			Threatened abortion	Habitual abortion	Supplied
Oral Provera*	Upjohn brand of medroxypro- gesterone acetate.	Threatened and habitual abortion, infertility, secondary amenorrhea, functional uterine bleeding.	10 to 30 mg, daily until acut e symptoms sub- side.	1st trim. 10 mg. daily 2nd trim, 20 mg. daily 3rd trim. 40 mg. daily, through 8th month.	2.5 mg. scored pink tablets bottles of 25; 16 mg. scored white tablets bottles of 25 and 100.
I. M. Depo- Provera	Each cc. contains: Medroxy- progesterone acetate. 50 mg. Polyethylene glycol 4000, 28.8 mg. Polysorbate 50, 1.92 mg. Sodium chloride, 8.65 mg. Methylparaben, 1.73 mg. Pro- pylparaben, 0.19 mg.; Water for injection, q.s.	Threatened and habitual abortion.	50 mg. 1.M. daily while symptoms are present, followed by 50 mg. weekly through 1st trimester or until fetal viability is evident.	1st trim. 50 mg. I.M.weekly 2nd trim. 100 mg. I.M. q. 2 wks. 3rd trim. 100 mg. I.M. q. 2 wks. through 8th month.	Starile aqueous suspension for intramuscular use only, 50 mg per cc., in 1 cc. and 5 cc. vials.

Precautions: Clinically, Provera is well tolerated. No significant untoward effects have been reported. Animal studies show that Provera possesses affectorized action has not been observed in human subjects, patients receiving large dosse of Provera continuously for prolonged periods should be observed closely. Likewise, large dosse of Provera have been found to produce some instances of fernal fetal masculinazioni na minata.

Although this has not occurred in human beings, the possibility of such an effect, particularly with large doses over a long period of time, should be considered. Provera, administered alone or in combination with estrogens, should not be employed in patients with abnormal uterine bleeding until a definite diagnosis has been established and the possibility of genital malignancy has been eliminated.

Copyright 1961, The Upjohn Company, Kalamazoo, Michigan

80% fetal salvage in 25 habitual aborters with 94 previous, successive abortions

Intramuscular Depo-Provera

Oral Provera



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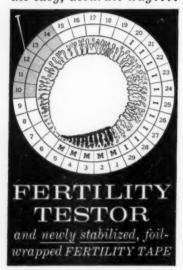
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for for alar mg. cc. ials.

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pinpoint the fertile phase the easy, accurate way....



Indicates fertile phase accurately. Especially useful when patients can not conceive, or pregnancy must be postponed.

Glucose in mucus from cervix found during fertile phase changes tape color from pink to blue. Test is acceptable to all faiths. Color change "... usually occurs from one to three days prior to ovulation... and usually persists from one to four days after ovulation." 1

- After physician's demonstration, patient can test at home;
- Indicates infrequent or irregular fertile days and double ovulation; contains no tolidine, orthotolidine, benzidine or its derivatives,

1. Doyle, J. B., Ewers, F. J. and Sapit, D.: The New Fertility Testing Tape, J. A. M. A. 172:1744 (April 16), 1960.

: (91/7)
Weston Laboratories
: 876 Blanchard Street,
Ottawa, Illinois
In Canada: Winley-Morris Co., Ltd., Montreal
Please send a sample and further information regarding Fertility Testor and Fertility Tape
* NAME
ADDRESS
CITY

Your collections

You can collect from a bankrupt

Bankruptcy in the U.S. has reached a new high. Of the record-breaking 110,034 bankruptcy petitions filed in the fiscal year 1960, 89 per cent were filed by individuals, not by corporations. Many thousands of these people, it's safe to say, owed doctor bills.

Can you collect when your bankrupt patient goes to court to scrap his bills? Frequently you can-even though your patient may be classed as a "no asset" case by the court. Usually there are some assets. And often they're enough to cover a large part of your bill-if you claim them. Nonclaimants usually get nothing. And nine out of ten creditors, figuring erroneously that there are no assets, are nonclaimants. So the one creditor in ten who does claim his due often collects.

Another course is to urge your bankrupt patient to work out his debts voluntarily under the Bankruptcy Act's Chapter XIII. This is a kind of debt-consolidation plan whereby the

Medical Economics, Nov. 20, 1961

anorectal comfort...that lasts

Patients want full, fast and lasting relief from the distressing symptoms of common anorectal disorders, such as hemorrhoids, proctitis and pruritus ani.

to maintain lasting anorectal comfort continue therapy with to provide immediate anorectal comfort start therapy with

anusol'

hemorrhoidal suppositories or unguent to prevent recurrence of symptoms, one Anusol Suppository morning and

Suppository morning and evening and after each evacuation. Supplement with Anusol Unguent as required.

anusol-HC°

hemorrhoidal suppositories with hydrocortisone acetate, 10 mg. to reduce inflammatory reaction and to provide immediate relief of anorectal pain and itching, two Anusol-HC Suppositories daily for 3 to 6 days.

Neither Anusol nor Anusol·HC contains anesthetic drugs which might mask the symptoms of serious rectal pathology.

MORONO OF TERRAL BELUSIS PROLOID PERITRATE MANDELAMINE





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debtor turns over a portion of his paycheck to the court each week for distribution among creditors.

Here's what you should know about bankruptcy proceedings:

1. The Federal Bankruptcy Act demands that every creditor be given notice of a debtor's declaration of insolvency. The debtor must list in his bankruptcy petition all creditors (including doctors) and all his debts (including medical bills). To

each creditor, the Federal court mails a "Notice of First Meeting of Creditors"—usually your first inkling that a patient is going for broke.

2. Next, you're invited to the meeting (a hearing in Federal Court) and advised to confirm the debtor's obligation by filing a Proof of Claim form. You get this free from the bankruptcy referee or the Federal court.

3. You fill out the claim form, stating how much the patient



Can we measure the patient's comfort?

Not objectively, as body weight can be measured on a scale.

The higher level of relief reported with this new corticosteroid is a subjective thing that must be seen, by you, in your own patients.

Alphadrol*

Upjohn
75th year

See page 55 for description, indications, dosage, precautions, side effects, and how supplied.

The Upjohn Company, Kalamazoo, Michigan corynight 1961, the upjohn company august, 1961 *TRADEMARK, REG. U. S. PAT. OFF.—FLUPREDNISOLONE, UPJOHN

90% effective against rhinitis headache

83% effective against sinusitis headache

clinically demonstrated - Sinutab

provides "excellent symptomatic relief"* of sinus and other common frontal headaches on just 2 tablets q.4h. Sinutab aborts pain-decongests mucosarelieves pressure-relaxes tension.

*Flohr, Loonard, et al.: Clin. Med. 8:3 (March) 1961.



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NEW

comprehensive ORAL treatment of

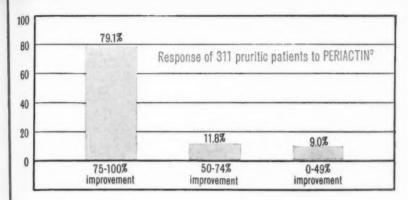
ITCHING

PERIACTIN

a highly effective agent with unusual attributes... a potent antagonist of both histamine and serotonin

CHEMISTRY

PERIACTIN hydrochloride cyproheptadine hydrochloride is a white, crystalline solid, soluble in water to the extent of about 4 mg, per cc. It is the hydrochloride monohydrate of 1-methyl-4-(5-dibenzo-[a,e]-cycloheptatrienylidene)-piperidine. The empirical formula is $C_{21}H_{21}N\cdot HCl\cdot H_2O$ and the structural formula is as shown on the left.



Advantages

 Although histamine release is an important aspect of allergic manifestation in man, the effects of this substance do not account adequately for many of the allergic reactions observed. Cyproheptadine has been shown to have some antiallergic properties that are in addition to those demonstrated by compounds with only antihistamine activity.

 "Two well known antihistaminic drugs... were chosen as well as cyproheptadine [PERIACTIN], an experimental substance with anti-serotonin and antihistaminic activity. Given orally in moderate therapeutic doses, only the last drug [PERIACTIN] led to a suppression of the whealing responses and the capillary damage demonstrated by the bluing reaction*, following the intradermal injections of histamine, serotonin..."

 PERIACTIN has an interesting pharmacologic profile, in that its activity as a serotonin and histamine antagonist is comparable to the individually most active known substances with such activity.

 Not a phenothiazine. Clinical experience with more than 4,000 patients. Clinical reports have not indicated evidence of jaundice, agranulocytosis, parkinsonism.

 Has a high order of antipruritic activity in pruritus associated with such conditions as: angioneurotic edema, urticaria, dermatitis, neurodermatitis, neurodermatitis circumscripta, eczema, eczematoid dermatitis, drug reactions, poison ivy, neurotic excoriations, sunburn, chickenpox, insect bites, pruritus ani and vulvae.5-16

References: 1. Kalz, F., and Fekete, Z.: Studies on capillary permeability using coomassie blue as indicator, J. Invest. Dermat. 36:37, Jan. 1961, Supplemented by personal communication. 2. Welsh, A. L., and Ede, M.: Efficacy of cyproheptadine as an antipruritic agent, a preliminary report, J. New Drugs 1:22,

A blue dye was given intravenously to visualize leakage of plasma proteins resulting from increased vascular permeability caused by the test substances.



MSD See next page for more detailed information on PERIACTIN

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Additional Information on PERIACTIN

PERIACTIN hydrochloride cyproheptadine hydrochloride is a serotonin and histamine antagonist recommended primarily for the treatment of the pruritic dermatoses.

PERIACTIN is not a phenothiazine, does not contain sulfur or nitrogen in the tricyclic ring system, and clinical reports do not indicate any evidence of parkinsonism, dystonia, agranulocytosis, or jaundice connected with its use.

Dosage

Dosage must be individualized. The therapeutic range is 4 to 20 mg. a day, with the majority of patients requiring 12 to 16 mg. a day. An occasional patient may require as much as 32 mg. a day for adequate relief. It is suggested that dosage be initiated with 4 mg. three or four times a day and adjusted according to the size and response of the patient.

The dosage for children between the ages of 2 and 14 years is 6 to 16 mg. a day depending upon the size and response of the patient. The initial dosage is usually 2 mg. three or four times a day.

Since the effect of a single dose usually lasts four to six hours, the daily requirement should be given in divided doses three or four times a day or as often as necessary to provide continuous relief.

Precautions

The only side effect that appears frequently is drowsiness. Many patients who initially complain of drowsiness may no longer do so after the first three or four days of continuous administration. Drowsiness is often a desirable effect in patients with dermatitis and pruritus, since it tends to raise the threshold of perception and may decrease emotional tension caused by the disease.

Patients who become drowsy on PERI-ACTIN should be cautioned against driving a car or operating machinery or appliances requiring alert attention.

Dry mouth, dizziness, jitteriness, nausea, and skin rash have been reported in low incidence.

How Supplied

Tablets PERIACTIN hydrochloride cyproheptadine hydrochloride are supplied in bottles of 100. Each scored tablet contains 4 mg. of cyproheptadine hydrochloride.

Bibliography: 1. Stone, C. A., et al.: Antiserotonin-Antihistaminic Properties of Cyprohaptadine, J. Pharma-col. & Exper. Therap. 131:73, Jan. 1961. 2. Kalz, F., and Contillary Permeability Using Col. a Labert. Interlop. 13:173, Jan. 1701. Z. Raiz, F., and Fekete, Z.: Studies on Capillary Permeability Using Coomassie Blue as Indicator, J. Invest. Dermat. 36:37, Jan. 1961. 3. Scherbel, A. L., and Harrison, J. W.: Response to Serotonin and Its Antagonists in Patients with Rheumatoid Arthritis and Related Diseases, Angi-ology 10:29, Feb. 1959. 4. Scherbel, A. L.: The Possible Role of Serotonin in Rheumatoid Arthritis and Other Role of Serotonin in Rheumatoid Arthritis and Other Collagen Disease, in: Inflammation and Boueri, S.: El Papel de las Serotoninas y Antisectonina and Algeria (Ensavo Clínica con el MK-141) (The Role of Serotonin and Antisectonina y Antisectonina y Antisectonina y Antisectonina and Antisectonina y Ant Untersuchungen mit Cyproheptadin, einer neuen Antihis-taminsubstanz (Results of Experimental and Clinical taminsubstanz (Résults at Experimental and Clinical Investigations with Cyproheptadine, A New Antihista-minic Agent), Hautarzt 12:101, March 1961. 9. Kaminsky, A., and Asrilant, M.: Actividad Terapéutica en Dermato-logía de un Nuevo Preparado Antiserotonia (The Theralogia de un Nuevo Freparado Antiserotonia (The Thera peutic Activity of a New Antiserotonia The Treparation Dermatology), El Día Médico: 32,1970, Sept. 1960. 10. Miller, J., and Fishman, A.: A Serotonia Antigonis in the Ireadment of Allergic and Alilerd Disorders, Ann. Allergy 19:164, Feb. 1961. 17. Salazar, M., and Cueva, J.: Empleo de las Drogas del Grupo Sicofarmacológico en el Tratamiento de Algunas Manifestaciones de Tipo Alérgico (The Use of Drugs in the Psychopharmacológic Graup in the Treatment of Various Allergic Manifestaciones, Alergia 6:3, Aug. 1960. 12. Welsh, A. L., and Ede, M.: Efficacy of Cyproheptadine as an Antiprutitic Agent: A Preliminary Report, J. New Drugs 1:22, Jan. Feb. 1961. 13. Zelcer, I.: Urticaria Pigmentora Mastocytosis in General (Uricaria Pigmentosa Mastocytosis in General), Orientación méd. 10:86, Feb. 10, 1961. 4, Zelcer, I.: Tratamiento del Práriga Agudo del Niña con Ciproheptadina (The Treatment of Acute Prurigo of Childhood with Cyproheptadine), Semana méd. 116:289. con Ciproheptadina (The Treatment of Acute Prurigo of Childhood with Cyproheptadine), Somana méd. 118-289, Feb. 9, 1961. 15. Zelcer, I.: Serotonina y Antiserotonina cos en Dermatologia (Serotonin and Antiserotonin Agents in Dermatology), Semana méd. 118-248, Feb. 2, 1961. 16. Zelcer, I.: La Ciproheptadina en Terapévitica Dermatológica (Cyproheptadine in Dermatological Ther-1951, 16. Zelcer, I.; La Ciproheptadine in Terapéutica Dermatològica (Cyproheptadine in Dermatològica) Therapyl, Prensa méd, Argentina 47:1753, June 17, 1960, Bodi, T., et al., Clinical Evaluation of a New Antihistamine (Cyproheptadine), Fed. Proc. 19:195, March 1960 (Part I). Brown, R. E., Hill, S. R., Jr., Berry, K. W., and Bing, R. J.; Studies on Several Possible Antiserotonin Compounds in the Functioning Carcinoid Syndrome, Clin. Res. 8:61, Jan. 1960 (in Soc. Proc.). Cohen, S. G., and Sapp., T. M.; Serotonin- and Histomine-Affecting Agents and Experimental Vascular Sensitization, J., Allergy 31:248, May-June 1960. Demis, D. J., Davis, M. J., and Lawler, J. C.; A Study of the Cutaneous Effects of Serotonin, J., Invest. Demat. 34:43, Jan. 1960, Jensen, K.: The Effect of Antiseritonin (Cyproheptadine) and Antihistomine on Cutaneous Allergy, Acta Allergol. 15:293, 1960. Krishna, N., Folardo, R. V., and Leopold, I. H.: The Effects of Cyproheptadine (MK-141, Perfoctin) in Robbit and Humanie and Applications of Cyproheptadine (MK-141, Perfoctin) in Robbit and Humanie and Applications of Cyproheptadine (MK-141, Perfoctin) in Robbit and Humanie and Applications of Cyproheptadine (MK-141, Perfoctin) in Robbit and Humanie Cyproheptadine (MK-141, Perfoctin) in Robbit and Humanie Chapter (MK-141), Perfoctin in Robbit and Humanie Chapter (MK-141), Perfoction in Robbit and Humani 2 A New Syndrome, Clin. Res. 9:2, April 1961.

Additional information is available to physicians on request.



MERCK SHARP & DOHME DIVISION OF MERCK & CO., INC. WEST POINT, PA.

PERIACTIN is a trademark of Merck & Co., Inc.

owes for medical services. (You might also attach to it a copy of his past-due account.) Then you sign the form and return it promptly to the court clerk. Receipt of your signed claim makes you a "creditor of record," regardless of whether or not you decide to go to the meeting. If the court dredges up assets—however paltry—you stand to collect some if not all of your bill.

Ironically, you stand an even

better chance of collecting if the patient doesn't list you as a creditor in his bankruptcy petition. Why? Because only listed creditors' bills are "discharged" by the court when it accepts a debtor's declaration of bankruptcy. Unlisted debts remain in force and are legally collectible. Suppose a patient's bill is long overdue. You turn it over to a collection agency. The agency reports that the man, unbeknownst to you, filed for bank-



Can we measure the patient's comfort?

Not objectively, as the BMR can be measured by oxygen consumption.

The higher level of relief reported with this new corticosteroid is a subjective thing that must be seen, by you, in your own patients.

Alphadrol*

Upjohn 75th year

See page 55 for description, indications, dosage, precautions, side effects, and how supplied.

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Medical Economics, November 20, 1961

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IME, INC.



Put your low-back patient back on the payroll

Soma's prompt relief of pain and stiffness can get your low-back patients back to work in days instead of weeks

Soma is unique because it combines the properties of an effective muscle relaxant and an independent analgesic in a single drug.

Thus with Soma, you can break up both pain and spasm fast, effectively . . . help give your patient the two things he wants most: relief from pain and rapid return to full activity.

Soma is notably safe. Side effects are rare. Drowsiness may occur, but usually only with higher dosages. Soma is available in 350 mg. tablets. USUAL DOSAGE: 1 TABLET Q.I.D.

The muscle relaxant with an independent pain-relieving action



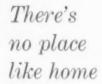
Wallace Laboratories, Cranbury, New Jersey



XUM

... Your collections

ruptcy and was granted a discharge. Since you received no "Notice of First Meeting of Creditors" from the court, you can be pretty sure you weren't named as one of his creditors. Because he failed to list you, you're free to collect if you can. And since a "discharged" debtor usually is more fiscally fit than he was before bankruptcy, it's often possible to collect in full.



(or the office)

. . . for treating patients, says the doctor-author of "'I Keep My Patients Out of the Hospital!" "Turn to p. 173 to learn why he thinks there's usually a good deal more to be said for out-of-hospital care than for hospitalization.



Billheads and Statements, for instance. The billheads and statements we printed last year, placed end to end, would reach from Calgary, Alberta, Canada to Madrid, Spain. *

This fact is important because it reflects your faith in us . . , your satisfaction in our fine Histacount products.

If, perhaps, you haven't yet tried Histacount products, you should. You will be pleased with the fine quality, low prices, courtecounts with and unconditional guarantee.

PROFESSIONAL printing company inc

America's Largest Printers to the Professions

Medical Economics, Nov. 20, 1961



For rapid response in acute agitation and hyperactivity, anxiety and phobia, hysteria and panic states, alcoholism and drug withdrawal reactions; or in severe emotional disturbances where oral administration is impractical—Librium Injectable.

In the 1001 emergency situations of daily practice and in the hospital emergency room when immediate calming is required for anxious, agitated, restless, confused, disoriented, obstreperous, protesting or panicky patients—Librium Injectable—in situations ranging from accident cases to tragic life events; from behavior crises to emotional crises; from alcoholic DT's and hallucinosis to drug withdrawal or postconvulsive reactions; from upsetting diagnostic procedures to pre- and postoperative states.

Librium HCI Injectable is supplied in 100-mg ampuls for parenteral administration. Consult literature and dosage information, available on request, before administering.



LIBRIUM® Hydrochloride—7-chloro-2-methylamino-5phenyi-3H-1, 4-benzodiazepine 4-oxide hydrochloride

HUUTE
LABORATORIES - Division of Hoffmann-La Roche Inc.

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From the beginning, woman has been a vassal to the temporal demands—and frequently the aberrations—of the cyclic mechanism of her reproductive system. Now, to a degree heretofore unknown, she is permitted normalization, enhancement, or suspension of cyclic function and procreative potential. This new physiologic control is symbolized in an illustration borrowed from ancient Greek mythology—Andromeda freed from her chains.

the first comprehensive regulator of female cyclic function

ENOVID

(brand of norethynodrel with ethynylestradiol 3-methyl ether)

THE BASIC ACTION

ENOVID closely mimics the balanced progestational-estrogenic action of the functioning corpus luteum. This action is readily understood by a simple comparison. In effect, ENOVID induces a physiologic state which simulates early pregnancy. Output of pituitary gonadotropin is inhibited and ovulation suspended; a pseudodecidual endometrium ("pseudo" because neither placenta nor fetus is present) is induced and maintained.

Further, during Enovid therapy, certain symptoms typical of normal pregnancy may be noted in some patients, such as nausea—which is usually mild and disappears spontaneously within a few days—breast engorgement, some degree of fluid retention, and often a marked sense of well-being. There is no androgenicity. Enovid is as safe as the normal state of pregnancy.

THE BASIC APPLICATIONS

- I. Correction of menstrual dysfunction. Emergency treatment of severe dysfunctional uterine bleeding is promptly effective following the administration of ENOVID in larger doses. Cyclic therapy with ENOVID controls less severe dysfunctional uterine bleeding. In amenorrhea cyclic therapy with ENOVID establishes a pseudodecidual endometrium providing the patient has endometrial tissue capable of response.
- 2. Ovulation suppression (to suspend fertility). For this purpose ENOVID is administered cyclically, beginning on day 5 through day 24 (20 daily doses). The ovary remains in a state of physiologic rest and there is no impairment of subsequent fertility. When ENOVID is pre-

scribed for this cyclic use over prolonged periods, a total of twenty-four months should not be exceeded until continuing studies indicate that its present lack of undesired actions continues for even longer intervals. Such studies are now in their seventh year and will regularly be reviewed for extension of the present recommendation.

- 3. Adjustment of the menses for reasons of health or other special circumstances considered valid in the opinion of the physician. For this purpose ENOVID may be started at any time in the cycle up to one week before expected menstruation. Upon discontinuation, normal cyclic bleeding occurs in three to five days.
- Endometriosis. Continuous therapy with Enovm corrects endometriosis by producing a pseudodecidual reaction with subsequent absorption of aberrant endometrial tissue.
- 5. Threatened and habitual abortion. Enough should be used as emergency treatment in threatened abortion. Continuous therapy with Enough in habitual abortion provides balanced hormone support of the endometrium, permitting continuation of pregnancy when endogenous support is otherwise inadequate.
- 6. Endocrine infertility. ENOVID has been used successfully in cyclic therapy of endocrine infertility, promoting subsequent pregnancy through a probable "rebound" phenomenon.

THE BASIC DOSAGE

Basic dosage of ENOVID is 5 mg. daily in cyclic therapy, beginning on day 5 through day 24 (20 daily doses). Higher doses may be used with complete safety to prevent or control occasional "spotting" or breakthrough bleeding during ENOVID therapy, or for rapid effect in the emergency treatment of dysfunctional uterine bleeding and threatened abortion. ENOVID is available in tablets of 5 mg. and 10 mg. Literature and references, covering more than six years of intensive clinical study, available on request.

SEARLE

Research in the Service of Medicine

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cyclic

what most coughers need

now in a single teaspoon (5 cc.)

the antihistamine most likely to succeed

two highly approved decongestants

the expectorant that works best

additional cough suppressant action (in Dimetane Expectorant-DC) Dimetane 2 mg. Parabromdylamine [Brompheniramine] Maleate

Phenylephrine HCl 5 mg. and Phenylpropanolamine HCl 5 mg.

Glyceryl Guaiacolate 100 mg.

Codeine Phosphate 10 mg./5 cc. (exempt narcotic)

Dimetane Expectorant © Dimetane Expectorant-DC

Dimetane Expectorant with Codeine Phosphate

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Financial briefs

Medical Economics, Nov. 20, 1961

DEDUCTIONS FOR TRAVEL AND ENTERTAINMENT will automatically bring closer scrutiny of your 1961 tax return, says the Internal Revenue Service. Last year the I.R.S. cut down the T&E deductions on about half of some 38,000 returns studied. Allowable expenses for travel and entertainment were sliced by \$28,000,000.

IF YOUR SAFE-DEPOSIT BOX is in your name alone, you won't be able to get into it if you're sick or out of town. To avoid this inconvenience, either switch to joint rental, or appoint a deputy by signing a form provided by the bank. Such an appointment is temporary and can be canceled at any time.

GETTING A MORTGAGE? Don't pay twice for the same services. Some lenders charge an "origination fee" of 1% of the mortgage to cover legal and appraisal costs, then bill the buyer separately for these items. Your best protection: Get a complete list of closing costs before you sign the sales contract.

YOU'RE SAFER ON THE HIGHWAY now that the Government has set up a National Driver Register Service. The Service will record all revocations of licenses for drunkenness or involvement in fatal accidents. Since



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... Financial briefs

states can check with the N.D.R.S., offenders may not be able to get licenses anywhere.

HUNTING BARGAINS IN STOCKS? Scores of faded "glamour" issues are dropping still lower as speculators sell for year-end tax losses. You'll find some already down 30% to 70% from their 1961 highs in electronics, publishing, vending machines, and motion pictures.

LATEST WORD IN TIRES: rubber with an admixture of a new synthetic that adds 35% to tread wear while increasing your tire costs only slightly. The new material, cis polybutadiene, is being used by Goodyear. Other firms will use it soon.

INVEST IN MOTELS? Better take a long look before you do. This booming growth industry of the Fifties is now facing real trouble:
Motel failures are at a peak, and profits—once 34% of sales—have sunk to less than 14%.

HIGH-YIELD STOCKS are getting harder to find. Only four on the New York Stock Exchange now pay 6.5% or better: Chesapeake & Ohio, Poor & Co., Twin City Rapid Transit, and United Greenfield. The average Big Board stock yields only 2.9%—lowest rate since the Depression.

CARDIAC **PHYSICIANS** PRESCRIBE

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"The diuretic effect of this drug has been reported in nearly 500 cases of congestive heart failure. In approximately 86 per cent of the cases, 1 to 2 Gm. per day of chlorothiazide produced a satisfactory diuresis. (Loss of weight averaged 5 to 6 pounds in 24 hours.)" "One group of investigators found that chlorothiazide improved the status of patients in congestive heart failure to such an extent that digitalis could be discontinued. Other authors have shown also that digitalis could be safely discontinued in selected cases of congestive heart failure in which there was a regular sinus rhythm."

Edson, J.N., and Schluger, J.: Amer. Heart Jl. 60:647, 648, October, 1960.

Supplied: 250-mg. and 500-mg. scored tablets DIURIL chlorothiazide in bottles of 100 and 1000. Before prescribing or administering DIURIL, the physician should consult the detailed information on use accompanying the package or available on request. DIURIL is a trademark of Merck & Co., Inc.



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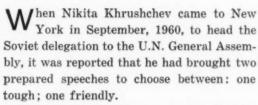


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Condensed from the book by Harry and Bonaro Overstreet

The Berlin border, August 18, 1961

Your world



Whether or not this report was literally true, it would be consistent with his record. Khrushchev has made a giant guessing game out of international relations: What comes next? If he sometimes seems to be a master of mood-changing, able to make the rest of us hope or fear at will, at other times he seems to be scrambling to get out of a predicament into which he has maneuvered himself.

There is a perverse Communist strength even in his weakness. The more he keeps us busy adjusting to his changes of mood, the more he is able to keep initiative in his own hands even when he is asking himself, "What comes next?"

In view of this, the safest course for all free people is to get perspective on what *cannot* change in Communist policy because of what *never* changes in communism's world view. The first thing we must know about communism's ideological geography is that it cuts

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Khrushchev needs our help

Despite Khrushchev's apparently fluctuating moods, his designs on us haven't changed a bit, say Authors Harry and Bonaro Overstreet. Veteran writers and teachers, the Overstreets first called America's attention to the true threat of communism in their best-selling book, "What We Must Know About Communism." Their newest work, condensed here, relates Marxist philosophy to present-day specifics—with emphasis on the Berlin crisis—and concludes with a discussion of the help we must not give Khrushchev in his crucial hour.

our world into two parts that are never to be reunited except on Communist terms. Time and again, Khrushchev has made plain just how irreconcilable these two parts are. In September, 1956, he made it plain in his talks with Tito. In that critical month he needed Tito's influence to smooth out the mounting unrest in Hungary. Yet he felt impelled to denounce Tito's effort to stay on good terms with both the Soviet Union and the West. Yugoslavia, he insisted, must join one camp or the other. Her "natural place" was in the Soviet camp.

A year later, explaining "peaceful coexistence" to

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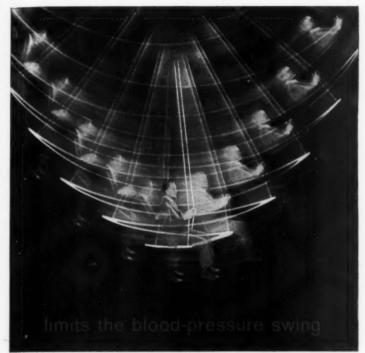
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a Soviet audience, he said, "but of course we must realize that we cannot coexist eternally. One of us must go to his grave. We do not want to go to the grave. They [the Western powers] don't want to go to the grave either. So what must be done? We must push them to the grave." And by the summer of 1960, during his visit to Austria, he was ready to be at least half-serious in saying: "Life is short, and I want to see the Red flag fly over the whole world in my lifetime."

Another thing we must understand about communism is that it doesn't use words the way we do. When Khrushchev speaks, we think he is saying what his words mean to us. Instead, he is saying what they mean to him. He does nothing to set us straight, because he intends us to misunderstand.

A good case study of such doubletalk was provided by two of Khrushchev's performances at the U.N. General Assembly. After one of his most ferocious attacks on the U.S. from the Assembly platform in September, 1960, a woman put a wistful query to a reporter: "What have we done to make him hate us so much? He was so friendly last year."

But was he? When we decode the speech Khrushchev made in September, 1959, from the same platform, the answer becomes clear. He conveyed two different meanings to two different audiences in the same words, when he said: "Everything indicates that the time has come to open a period of

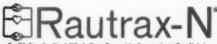


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international negotiations, conferences, and meetings of statesmen in order that the pressing international problems may one after another be solved."

His non-Communist listeners—those not accustomed to decoding Communist doubletalk—thought that he meant those problems could be solved. Also, they thought that by "negotiations" he meant what they themselves would mean. Therefore, they applauded. His Communist listeners knew precisely what he meant. Therefore, they, too, applauded.

For both non-Communists and Communists, of course, "negotiating" means trying to reach an agreement; but they both attach different meanings to the word "agreement." Lenin made this fact plain in 1924. For "non-Party people," he indicated, an agreement is a resolution or policy framed during a conference between opposed groups. It is a product of give-and-take. But "for Party people, an agreement is an attempt to *enlist* others for the purpose of carrying out the Party policy."

By this Leninist definition, coming to an agreement with non-Communists means "enlisting them on our side, convincing them that we are right." It does not mean entering into a process of give-and-take. It cannot mean this, for Party decisions, arrived at in advance, must be kept inviolate.

Another of the words which gave Khrushchev's 1959 speech the sound of reasonableness was "self-determination." To us the word means the right of peo-

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ORAL



1961

ple to choose their own form of government and not to be subject to outside coercion. But lest we again be taken in—as we were at Yalta—it is important to recall an ingenious, little-publicized Communist interpretation of the term "self-determination." Lenin wrote that "our unqualified recognition of the right of self-determination does not commit us to supporting every demand for national self-determination." The revolutionary task of the Bolsheviks, he said, was "to advance the self-determination of the working class within each nationality rather than the self-determination of peoples and nationalities."

Add to this statement the fact that Lenin had previously defined the working class as incapable of knowing its own best interests unless instructed and guided by the Bolshevik party. Then we see that the "unqualified recognition of self-determination" really means the unqualified right of the Bolshevik party to determine for peoples and nations the "correct" form of government.

How did it all begin—this strange imposition of unfamiliar meanings on familiar words? It began, we might say, with Marx's determination to make reality fit his oversimplified revolutionary theory of the class struggle.

Marx pronounced men to be exploiters by reason of class, not conduct. The individual capitalist, he granted, might be, and often was, a kindly man who cared about his workers. But because he belonged to CAPLA

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Capla acts rapidly, producing substantial blood pressure reduction within two hours, yet it does not produce postural hypotension. It has proved exceptionally well tolerated in clinical use and has no known contraindications. Capla has not produced changes in renal, hematological, hepatic or endocrine function. It is rapidly eliminated and has no cumulative effects.

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Capla does <u>not</u> produce depression, postural hypotension, nasal congestion or gastric hyperacidity

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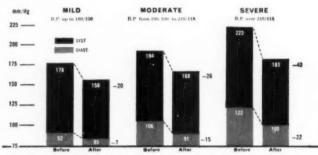
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8. Berger, F. M. and Margoin, S. A. Centrally Acting Blood Pressure towering Agent Wi-SBI. 16d. Proc. 20.13 (March) 1961. Z. Dummond, S. and Schmart, M. Sistenhic Eabhibht at III State Med Sec. Chicago, (May) 1961. 3. Douglas, J. F., Ludwig, B. J., Ginsberg, T. and Berger, F. M. Studies on W-SSI Metabolism Ref Purc. 20.131 (March) 1961. 4. Duarte, C. Brest, A. N., Kodama, R., Naso, F., and Marver, J. H. Dourartuons on the Anthisperfensive Effectiveness of Marver, L. Bross, C. Brest, A. N., Kodama, R., Naso, F., and Charlet, D. B. Ducher, J. W., Scientific Exhibit at Amer. Academy of Gen Prastice, Magna, (April 1961. 6. Aletzhan, M., and Bergar, F. M. A. Centrally Acting Antipressor agent Fed Proc. 20.113 (March) 1961. T. Mullinos, M. G., Scientific Exhibit at Amer. Call. Card. New York, (May) 1961. 6. Michan, G., Sattefers, S. Bord, L. J. and Cross, C. A. Human Pharmacoing Studies with W-SSI. L. and Cook, C. A. Human Pharmacoing Studies with W-SSI. Amer. Coli Lard New York, (May) 1961.

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These data show that Capla reduces both systolic and diastolic blood pressure, usually in proportion to initial pre-treatment elevations.



DOSAGE: the recommended dose of Capla is one 300 mg. tablet three or four times daily, before meals and at bedtime The dosage should be adjusted to individual requirements; for example, older patients may require lower dosage.

COMPOSITION: each white, scored tablet contains 300 mg. of Capla (mebutamate, Wallace)

SUPPLIED: bottles of 100, scored tablets.

Literature and samples to physicians on request.

the capitalist class, he was as much an *exploiter* as his more ruthless fellows; like them, he would have to be liquidated when the revolution came.

What this imposition of ideology on language and life could mean was proved after Lenin came to power. One of the high-ranking men in Lenin's secret police said: "We are not waging war against particular individuals. We are exterminating the bourgeois as a class. Don't look for evidence to prove that the accused acted by *deed* or *word* against the Soviet power. The first questions you should ask are: To what class does he belong? What is his origin, his training, his occupation? These determine the fate of the accused. Herein lies the meaning and the essence of the Red Terror."

Herein, also, lies the corruption of language—the subjugation of the words of our common exchange to a rigid class dogma. The Communists talk a class language; unless we know this and can decode what they say, we are dangerously at the mercy of their tactics. We are dangerously prone to applaud when what Khrushchev is actually talking about is the doom which he intends to bring on our value system and our civilization.

Another good example of class language was the 1960 Soviet resolution on propaganda that states: "The Party has in a novel way expressed the problems of peace and war under present-day conditions." It has indeed. It has expressed them in so

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New York 17, N. Y. Division, Chas. Pfizer & Co., Inc. Science for the World's Well-Being® novel a way that it enables every well-schooled Communist to read the word "war" where the rest of us are invited to read the word "peace."

Khrushchev is the author of this novelty. Its essence has been compressed into his trade-mark phrase, "peaceful coexistence." When the Twentyfirst Congress of the Communist Party of the Soviet Union convened in Moscow in 1959, Khrushchev could speak glowingly of peaceful coexistence and, at the same time, warn the delegates that peaceful coexistence between states with different social systems does not imply ideological peace. Expedient coexistence calls, in fact, for an urgent stepping-up of the effort to "instill Communist consciousness" and to "combat bourgeois ideology." "Peaceful coexistence" must be understood not as a gradual easing of the class struggle, but as an opportunity to carry on that struggle along new lines, particularly the line of economic competition.

The visiting Communists who went home to their seventy Parties around the world had their work cut out for them. In underdeveloped countries, they were to accomplish two ends under the aegis of peaceful coexistence. They were to "eliminate" non-Communist influence within these countries and to stimulate fear and hatred of the "capitalist-imperialist" nations. And they were to convince the new nationalist governments that the Soviet Union had the secret of swift economic advance, and that they could not

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go wrong in accepting friendly guidance from that great nation.

Parties operating within "capitalist-imperialist" nations also had special tasks stemming from the policy of peaceful coexistence. They were to continue to politicize all the domestic issues of these capitalist-imperialist nations: imposing on them a Marxist-Leninist interpretation; aggravating them by means of agitation and propaganda; and discrediting "reformist" efforts to solve them. They must also work to set the NATO countries against one another. And they must work to effect in the public mind the identification of Soviet policy with peace.

Despite this obvious cross-purpose, the months following the Party's Twenty-first Congress saw the hope for peace get a stronger hold on Western minds than at any time since Stalin had begun to fill the postwar authority vacuum of Eastern Europe. Soviet communism could now be lived with "because Khrushchev doesn't want war." It could be lived with "because Khrushchev is a practical man, not an ideologist." It could be lived with "because Khrushchev, though he can't openly say so, is afraid of Red China and wants to build the sort of friendship with the West that he may need later." It could be lived with "because Khrushchev, while he *survived* under Stalin, is no Stalinist. He has no power complex, and would rather run a tractor than a world empire."

Soviet communism could be lived with "because



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education and technology are making the Soviet Union more liberal and democratic"; and "because, as standards of living go up in the Soviet Union, the people are becoming more like us all the time"; and "because we have no alternative; we can't risk nuclear war."

Then abruptly in May, 1960, with the U-2 incident as the ostensible cause, the crashing, climactic discord sounded. Not only the summit conference but a multitude of illusions were splintered by the impact of the noise. First, there was Khrushchev's vituperative crudeness at the Paris press conference, then the multiple threats that punctuated the summer of 1960, and finally his September attack on Secretary General Hammarskjold and the very structure of the United Nations. The first era of "peaceful coexistence" was ended.

Why did Soviet policy suddenly change? One incisive reason was that Khrushchev's "infallible" plan for getting results from the West turned out to be fallible. Both his supreme confidence in his own diplomatic shrewdness and the theory that "capitalist-imperialist" nations can always be pried apart had let him down. He had not obtained one advantageous concession or agreement. And he had not split NATO.

A second reason was that, by the spring of 1960, the Soviet people had begun to show a disturbing readiness to believe that "peace" meant peace. They



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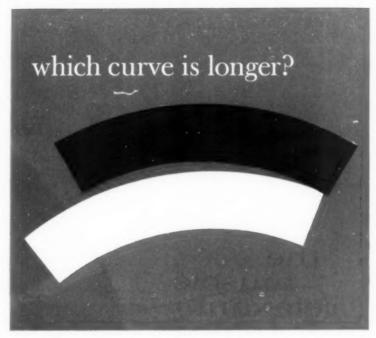
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liked it, too. The only catch was that they showed themselves more than ready to scrap the Iron Curtain and enjoy being part of the world.

As early as January, 1960, Khrushchev launched an all-out propaganda drive to counteract this "low-ering of tensions." But there is no evidence that the drive had much effect. By late spring, it was obviously time to re-jam Western radio broadcasts and to launch a new, dramatic anti-American campaign.

A third reason why Soviet policy changed was that it was time to threaten the West with missile warfare—as a reminder of Soviet military striking power. For Western governments, and even the Western peoples, had made a less than "correct" response to the policy of peaceful coexistence. To be sure, the people had shown a correct hunger for peace. But they had stopped far short of putting mass pressure on their governments to come to terms with the Soviet Union. As for the governments, they had shown increasing signs of being convinced that Khrushchev would not risk a war-even though they were also convinced that his "peace" did not mean peace. In short, they were not making the concessions he needed either out of faith or out of fear. Some rocketrattling seemed in order.

All these developments together dictated a change in the Soviet line. A policy shift of this sort was in the making by the end of April, 1960, before the U-2 flight. Without that flight, the shift might have been



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1. Griffith, R. S.: Antibiotic Med. & Clin. Therapy, 7:129, 1960.

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skeletal disorders, such as myositis, whiplash injuries, strains or sprains, and fibrositis.

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*J.A.M.A. 169:41-45 (Jan. 3) 1959.

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made later, after the summit meeting had been held. It might have announced itself less explosively, but it would have taken place.

To foresee this policy shift, one required merely a sense of history and the ability to relate the present to the past. But the present, once it is the past, is all too often forgotten. Perhaps if the free world were less prone to forget, we would be far less vulnerable to Khrushchev's tactics. The Berlin story offers a case in point.

Year after year, Khrushchev, like Stalin before him, has manufactured crises over West Berlin. He imposes them on the situation with a twofold purpose. By means of these crises, he recurrently tests the strength of the Western will to resist Communist encroachment on that city. By means of them, he works, with Communist patience, to alienate the Western peoples from their governments and to make their minds his allies.

As far as the latter project is concerned, our forgetfulness serves him well. When any given crisis shows that the Western powers are still determined to stand firm, he can lower the pressure which his puppet regime in the East Zone of Germany has put on Berlin and can call for a summit conference to rectify the "untenable situation." Thus, he can assume the mantle of reasonableness; can implant ever more broadly the idea that Western policies are "rigid"; and can tap to his own advantage the pop-

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objective evidence of relief

Dexamethasone produced moderate to excellent improvement in 85 per cent of 143 patients with bronchial asthma and pulmonary emphysema. Objective evidence of antiasthmatic effects: "Marked Increase in Vital Capacity and Maximum Breathing Capacity" "Increased Efficiency in The Air Flow Dynamics of Maximal Cough."

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*Bickerman, H.A., et al.: Physiologic and steroid therapy in respiratory disease, Scientific Exhibit, A. M. A. Convention, Atlantic City, N. J., June 8-12, 1959.

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Decadron

ular feeling that if a situation is "untenable" something should be done about it. All this he can do because he is comfortably certain that most of us do not remember enough about the events of the passing years to call his bluff.

The time seems to have come for us to put our minds through the discipline of remembering—and appraising what is at stake in the Berlin situation. Only thus will we be prepared to take a realistic view of the next crisis that Khrushchev manufactures. What most of us need, perhaps, is a refresher course on certain relevant dates and the events attached to them.

October, 1943: Almost two years before the end of the war, the foreign ministers of Britain, the U.S., and the Soviet Union met in Moscow to discuss postwar procedures. At this meeting, a European Advisory Commission was appointed to work out a plan for the occupation of Germany when the fighting was over.

September, 1944: The European Advisory Commission met in London and worked out the London Protocol: a set of provisions for the interim occupation of Germany after the anticipated surrender of that country.

February, 1945: At the Yalta Conference, Roosevelt, Churchill, and Stalin confirmed the terms of the London Protocol. They also agreed to include France as a fourth signatory. Under the terms of the Yalta

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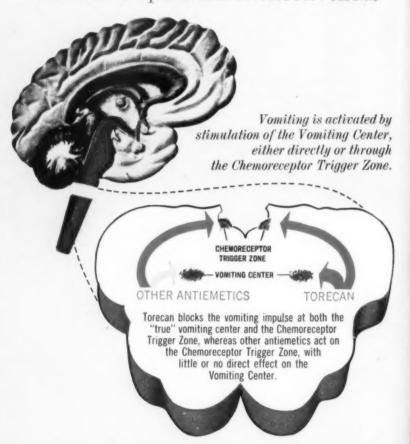
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"Thiethylperazine dimaleate [TORECAN] inhibits apomorphine vomiting [apomorphine elicits vomiting solely through the Chemoreceptor Trigger Zone²,³,⁴] in an even more pronounced manner than the well-known strong antiemetic, prochlorperazine. Thiethylperazine dimaleate also antagonizes oral copper sulfate [copper sulfate may activate the Vomiting Center directly or may act via the Chemoreceptor Trigger Zone]. . . . This peculiarity of thiethylperazine of influencing not only the trigger zone, but also the vomiting center is of much therapeutic interest because of the broadening of the antiemetic spectrum of effectiveness." ¹

When evaluating new antiemetic agents, it is necessary to pay close attention to the associated effects on the central and autonomic nervous systems. The aim is to find agents which will specifically depress the emetic mechanism with minimal effects elsewhere."8

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provides specific antiemetic action with minimal "spillover" effects:

Tranquilizing or sedative action	Insignificant
Potentiation of sedative and anesthetic drugs	Only slight potentiation; less than with other phenothiazine antiemetics
Extrapyramidal symptoms, such as motor restlessness, muscular rigidity, parkinsonism, etc.	Rarely at dosage levels of 30-50 mg. per day
Cardiovascular effects (hypotension, cardiac acceleration)	Rare; less than with other phenothiazine antiemetics
Liver, blood, or renal toxicity	None reported
Other side effects: dizziness, dry mouth, weakness, fatigue, blurring of vision, headache, insomnia, constipation or diarrhea	Rare

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Adult Dosage: Oral: 1 tablet 3 times daily Intramuscular: 10 - 20 mg. daily

Supply: Tablets, 10 mg.; Ampuls, 2 cc. (10 mg.).

Precautions: It is obvious that, before using an antiemetic, clinical judgment must be exercised in deterwhether vomiting represents a warning of mining organic abnormality and that this must first be recognized before employing a potent antiemetic such as TORECAN. Drowsiness and/or dryness of the mouth may occur with doses above 30 mg. daily. While no hepatic, hematopoietic or renal toxicity have been reported at recommended dosage levels, it should be remembered that these reactions may occur with phenothiazines.

Orthostatic hypotension may be manifested at higher dose levels. TORECAN is contraindicated in severely depressed or comatose states. In excessive doses, TORECAN may produce extrapyramidal stimulation with the varied symptom complex characteristic of this complication. Ampuls are recommended for intramuscular injection only.

References: 1. Codiga, V. A.: Int. Rec. Med., 174:375 (June) 1961. 2. Wang, S. C. and Borison, H. L.: Am. J. Physiol. 166:712 (1951). 3. Wang, S. C. and Borison, H. L.: Gastroenterol. 22:1 (1952). 4. Wang, S. C. and Glaviano, V. V.: J. Pharmacol. & Exper. Therap. 111:329 (1954). 5. Browne, D. C. and Sparks, R.: South. M.J. 54: (Sept.) 1961. 6. Browne, D. C. and Sparks, R. D.: Scientific Exhibit, American Medical Association Clinical Medical Association Clinical Medical Association Clinical D. Nov. 28: (1960). 7. Mari-Meeting, Washington, D.C., Nov. 28 (1960). 7. Maritano, M., Guerrieri, S., Menesini, R.: Minerva anest. 26:343 (1960). 8. Modell, W.: Drugs of choice 1960-1961.

C. V. Mosby Co., St. Louis, 1960, p. 339.



acts on the True Vomiting Center

Thiethylperazine Maleate

2-ethyl-mercapto-10-[3'-(1"-methyl-piperazinyl-4")propyl-1'] phenothiazine dimaleate Agreement, Germany was to be divided into four occupation zones. The French zone was to be made up of sections cut from the two zones that the London Protocol had assigned to Britain and the U.S. The four occupying powers were to cooperate to build a free and united Germany.

Specifically, the Yalta Agreement pledged the four powers "to the earliest possible establishment through free elections of governments responsible to the will of the people. . . ." Further, it pledged those governments to facilitate the holding of such free elections. Berlin, lying within the Soviet zone, was made a unit in itself and divided into four sectors under a joint Kommandantura. To preserve the wholeness of the city during the period of occupation and to encourage normal daily life within it, no travel barriers were to be imposed between sectors. Access to Berlin from the British, French, and American zones of Germany was also guaranteed.

July 11, 1945: The Allied Command—the Joint Kommandantura—took over the administration of Greater Berlin.

July 17-Aug. 2, 1945: The Potsdam Conference was held. Here Truman, Churchill, (then Attlee), and Stalin pledged themselves to carry out the provisions of the Yalta Agreement. They also specified that "for the duration of the occupation, all of Germany [was] to be considered as an economic unit." This is a key point, for the occupation was no sooner in ef-

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fect than the Soviet Union began to flout this "economic unity" provision by a drive to sovietize the East Zone.

July, 1945: The very month the occupation began witnessed the closing of the private banks in the Soviet zone. Soon came the drive to socialize industry, collectivize agriculture, and confiscate private property. In time, a wholly separate monetary system was established.

Oct. 1, 1945: The study of Russian was made compulsory in the schools of the East sector of Berlin.

March, 1946: Communist youth groups—called "Free German Youth"—were organized throughout the East Zone. The culture, like the economy, was being sovietized. The German people were not being prepared or permitted to choose their own future.

April 21, 1946: The Communist party of the East Zone held its organizational meeting. Two days later, the newspaper Neues Deutschland, still the official organ of that party, appeared for the first time. (Just two years after that, on April 16, 1948, all Western newspapers were banned within the East Zone.)

Aug. 1, 1946: One year after the Potsdam Conference the Soviet Union announced that it had created by decree, not by free elections, an East Zone government for internal affairs.

Oct. 20, 1946: This is one of the most dramatic dates in the Berlin story. Stalin was apparently con-

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vinced that propaganda and pressure had got enough results to make safe the holding of free elections for the Berlin Municipal Council. When they were held under Four Power auspices, the Communists won only twenty-six seats out of a total of 130.

After their defeat at the polls, the Soviets scrapped all pretense of adhering to the terms of the Yalta Agreement: They countenanced no more free elections in their sector of Berlin and none in their zone of Germany. From this point on, the record is one of a constantly widening gap between Western and Soviet policies—and between original agreements and Soviet infractions.

Dec. 2, 1946: The Western powers, finding themselves unable to make any progress toward fulfilling the Yalta and Potsdam agreements, decided to end the fractionated condition of Germany. They united their three zones—an act which Stalin denounced as a violation of the agreements.

Dec. 15, 1947: The Soviet military administration instituted permits for automobile traffic between Berlin and the East Zone of Germany, where no permits had been required before.

Jan. 18, 1948: The commandant of the Soviet sector of Berlin issued an order forbidding transfer of property between that sector and the Western sectors.

March 20, 1948: Marshal Sokolovsky, Soviet representative on the Allied Control Council, staged a

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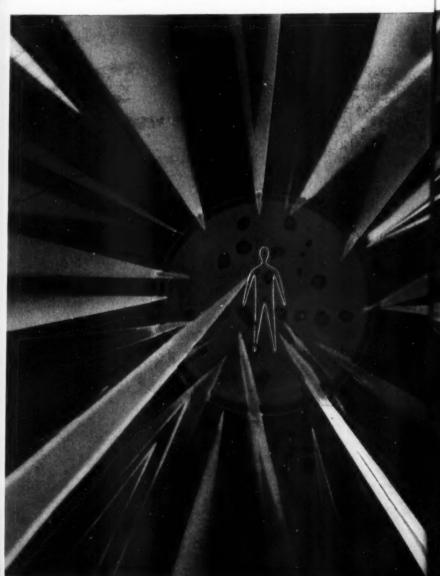
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walkout—and thus put a virtual end to the effort to work out problems on a joint basis.

March 29, 1948: The Soviet military administration ruled that even military travel and communication between East and West Zones would be restricted, and that permits would be required.

June 18, 1948: The Soviet blockade of West Berlin began—the blockade that the Western powers, under the leadership of General Lucius Clay, successfully challenged by the airlift. After almost a year, on May 12, 1949, the blockade was lifted: West Berlin had not been starved or frozen into compliance.

June 20, 1949: A Paris conference of the Council of Foreign Ministers broke up over the Soviet demand that an all-German government be created, not by free elections, but by a merging of the governments of the so-called two Germanies. The Soviets demanded that a peace treaty with this all-German government be signed, one clause of it requiring the withdrawal of all Allied forces from Germany a year later.

Oct. 7, 1949: A government for the Soviet zone was formally established under the title of the German Democratic Republic; and a "made in Moscow" constitution was adopted.

June 17-18, 1953: Mass strikes broke out in East Berlin and other cities of the Soviet zone. These strikes added up to a major uprising. And just as in Hungary three years later, the uprising was subThe last goodbyes are but memories. From every side, strange sounds; the restlessness of the sea. Now, the time is for sleep. Restful, gentle, non-barbiturate Placidyl sleep. Placidyl, the traveler's lullaby....certain as the tides.



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*Slinger, W. N., and Hubbard, D. M., Treatment of Seborrheic Dermatitis with a Shampoo Containing Selenium Disulfide, Arch. Dermat. & Syph., 64:41, 1951.

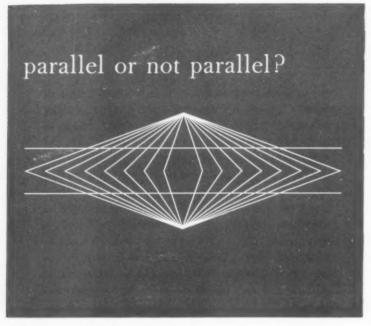
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dued by Soviet armed force. This is another fact to remember when Khrushchev talks about the independence of the East German Government and calls for its being recognized as sovereign.

On multiple occasions through the years, the Soviet Union has refused even to discuss plans for the holding of free elections as a basis for the reunification of Germany. In August, 1952, for example, it refused to take part in a conference dedicated to this problem. And on Feb. 18, 1954, a conference of foreign ministers, which had been in session for almost a month, broke up because the Soviets rejected a plan to hold such free elections under international controls.

It was shortly after this—on March 26, 1954—that the Soviets abandoned the effort to unify Germany according to its own plan (without free elections) and declared for the first time that the relationship between the U.S.S.R. and the Communist German Democratic Republic was between sovereign and independent nations. On April 16, 1954, Soviet High Commissioner Semenov announced that the German Democratic Republic would henceforth handle its own foreign relations.

When it became clear, however, in the late summer of 1954, that the Western powers were moving toward the inclusion of West Germany in NATO, the Soviet Government urgently proposed that a conference on questions of European security be held,



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1. Griffith, R. S.: Antibiotic Med. & Clin. Therapy, 7:129, 1960.

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including the question of Germany's reunification. But no willingness to hold free elections was indicated. Nor was there any indication of why the Soviets now claimed authority to work out plans for the future of that East German Government which they had, only four months earlier, themselves declared to be sovereign.

By the summer of 1955, the Soviet Union was again declaring for "two Germanies." On July 26, Khrushchev stated that there could be no reunification of Germany at the expense of the East German regime—the subject of free elections simply being ignored. By late 1958, Khrushchev was ready to proclaim the scrapping of all past agreements on Germany and Berlin. At a "Polish-Soviet Friendship Meeting" in Moscow, he flatly stated that the Soviet Government intended to change the status of Berlin. Then he sent official notes to the three Western powers and to the governments of the "two Germanies" demanding that the status of Berlin be revised within six months.

At virtually the same time, he announced his intention of signing a separate peace treaty with the Communist German Democratic Republic. On Dec. 25, 1958, he informed the Western powers and the Federal German Republic that their official notes would no longer be accepted if they referred to the German Democratic Republic as the "Soviet zone of Occupation." By March, 1959, he was extending the

Medical Economics, November 20, 1961

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six-month period of ultimatum on Berlin for an unspecified time.

There is abundant reason to believe that Khrushchev, after he proposed a summit meeting in the fall of 1959, thought he would get his own way at last with respect to Berlin and Germany. There is also evidence that he recognized, soon thereafter, that he was *not* going to get what he wanted and this led to his exploiting the U-2 incident. As a result, the 1960 summit conference ended before it started.

We must emphasize again that Khrushchev is determined to brand as abnormal any state of affairs that blocks his expansionist aims. He's determined to brand as rigid the West's continued adherence to pledges which the Soviet Union has, virtually since the date of signing, elected to break. It is time for us to choose our own words. The danger of war would be vastly decreased by our voluntary development of a firm, informed Western public opinion with which to back up the "rigid" policies of Western governments with respect to Berlin.

Khrushchev's clinching argument is that the situation which now exists in Berlin and Germany cannot go on. But there is no reason why it cannot go on as long as it must go on to stave off disaster. If Khrushchev wants to change the situation, he can do so at any time by returning to the terms of the Yalta Agreement and allowing free elections in the East Zone of Germany. But there is no specified date when

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free people have to stop defending their freedom by the best means left to them in light of the Russians' contempt for agreements.

Khrushchev is playing for keeps. He has left no room for doubt on this score. Moreover, his current tactics serve notice that his drive for power will be urgently stepped up in the period ahead. Such tactics as his attempted grab in the Congo and his assault on the United Nations augur a now-or-never strategy. They must yield him either swift gains or diminishing returns.

If tactics of this sort leave the free world divided against itself, and transfixed with fear of what he may do next, they may net him some gain that will let him forge ahead to another gain, and another. But if the free world, instead of being divided and transfixed, is moved to make a clear appraisal of itself and of what a Communist world victory would mean, the balance of power may just as decisively shift against Khrushchev.

It seems imperative, then, for us to take stock of the help that he needs from us—but that we are under no obligation to deliver. Our best clue to what he wants from us is to be found in the propaganda he directs at our minds:

1. Khrushchev wants us to be self-confused about the meanings of "freedom" and the "free world." He wants us to be confused, abashed, and guilty in our use of these terms because we are always reminding



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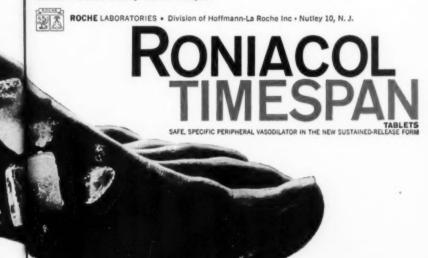
RONIACOL TIMESPAN tablets are recommended for convenience of therapy in conditions associated with deficient circulation; e.g., peripheral vascular disease, including generalized arteriosclerosis, cerebral arteriosclerosis, varicose ulcers, decubital ulcers, chilblains, diabetic endarteritis, Meniere's syndrome and vertigo due to impaired cerebral circulation.

DOSAGE: One or two Roniacol Timespan tablets in the morning and at night.

SUPPLY: Tablets of 150 mg, bottles of 50. When prolonged effects are not desired, prescribe Roniacol Tartrate Tablets, 50 mg, or Roniacol Elixir, 50 mg per teaspoonful (5 cc).

REFERENCES: 1. Reports on File, Roche Laboratories. 2. W. D. Westinghouse, Personal Communication. 3. E. C. Texter, et al., Am J. M. Sc., 224:408, 1952. 4. M. M. Fisher and H. E. Tebrock, New York J. Med., 53:65, 1953. 5. I. H. Richter, et al., New York J. Med., 51:1303, 1951. 6. C. M. Castro and L. De Soldati, Angiology, 4:165, 1953. 7. R. M. N. Crosby, Am. J. M. Sc., 225:61, 1953. 8. J. Dosdos and G. E. Arnold, Eye Ear Nose & Throat Month., 38:1035, 1959.

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ourselves that no one is absolutely free and that the free world is pockmarked with despotisms.

Even though we recognize that no one is absolutely free, the fact remains that the human race has long been able to make a practical distinction between a state of freedom and a state of coerced submission. Likewise, the term "free world" can be used to designate that complex of nations in which, roughly speaking, government is not only for the people but by the people, and in which certain basic civil liberties have a recognized status.

No matter what Khrushchev may say to the contrary, our feeling on this score is not imperialistic. Neither is it chauvinistic, no matter how many times we may self-accusingly hit ourselves over the head with the charge that it is. Nor is it merely a strategic hope that "our side" will become progressively stronger than "their side."

There is an orbit that is still free of communism's monolithic unity and Socialist solidarity: an orbit where creative diversity still resides and where the future is still open. And there is a growing community of nations committed to the belief that man both deserves freedom and is capable of enacting a progressive measure of it within a frame of law that is not class law and according to codes that are not those of class morality.

2. Khrushchev wants us to be naïvely credulous when he calls for negotiations. He appears certain





when your "otitis-prone" patient has a cold ACHROCIDIN

Tou may often see patients with a recovering pattern of par injection to lowing a Cold. Before OTITIS sets in-or other complications, which is tonsillitis, preumoolitis, absuable, pronchible, or adentis-in-order tonsillitis, preumoolitis, absuable, pronchible, or adentis-in-order tonsillitis, preumoolitis, absuable, pronchible, or adentis-in-order tonsillitis, preumoolitis, pre

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that by manipulating world public opinion he can force a summit or other conference into being whenever he wants one; that he can net propaganda gains from it; that sooner or later he can contrive some more tangible gain in the way of a one-sided concession from the West; and that he can always disrupt a conference by a tantrum or a walkout if it begins to go against him.

Communist nations think of the council table as an extension of the battlefield. In their ideology all non-Communist governments are only interim authorities—representatives of the class enemy, historically doomed to destruction sooner or later. It follows that non-Communist governments cannot in any circumstances have points of view for which a true Communist believer should have any sympathy. Therefore, Communist diplomacy must always be on the offensive, and the Communist statesman must make those governments yield to his demands. If he cannot do that, he must manifest a proper hostility toward them.

3. Khrushchev wants us to become enchanted with the idea that disarmament is equivalent to peace. It is not. "Blaming armaments for war is like blaming fever for a disease," writes E. B. White. "Total disarmament would not leave anyone free of the threat of war; it would simply leave everyone temporarily without the help of arms in the event of war."

There are two Communist reasons why Khrush-

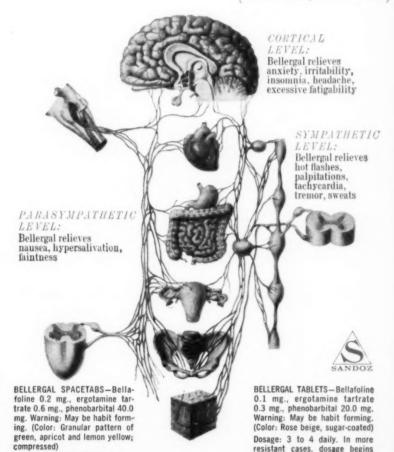
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stabilizes the entire autonomic nervous system

(without disturbing endocrine balance)

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reduced.



Dosage: 1 in the morning, and 1

in the evening.

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Serpasil lowers blood pressure gently, guards against cardiac damage

Serpasil-in addition to its well-established effectiveness in controlling high blood pressure - offers an important bonus in treating hypertension. Laboratory studies show that Serpasil can prevent stress-induced heart damage.1,2 presumably through its ability to deplete the catecholamines (epinephrine and norepinephrine) from the myocardium.3,4 These laboratory data are clinically sig-nificant in light of growing evidence⁵⁻⁷ that more than purely "mechanical" overwork may be involved in cardiac damage associated with hypertensive disease. Raab⁵ suggests that much of this damage is due to a direct metabolic action of the catecholamines on heart muscle. The way to prevent it, he believes, is to deplete or inactivate excess catecholamines.

Thus, Serpasil not only eases the mechanical burden on the heart by reducing peripheral resistance and slowing heart rate, it may also provide protection against catecholamine-induced heart damage – the added benefit in prescribing Serpasil for hypertension.

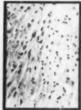
LABORATORY EVIDENCE SHOWS SERPASIL PREVENTS STRESS-INDUCED HEART DAMAGE²

STRESS-INDUCED HEAR Severe heart damage in No he

Severe heart damage in unprotected stressed rat. Tissue taken from rat given 2a-methyl-9a-fluorohydrocortisone and stressed (by restraint) for 15 hours. (Photomicrographs from Raab.*)



No heart damage in stressed rat protected with Serpasil. Tissue taken from rat given 2amethyl-3a-fluorohydrocortisone and stressed as at left, but also given Serpasil (0.4 microgram daily for one week).



Note: While Serpasil did not completely protect the hearts of all animals in this study, it greatly reduced myocardial damage in most of them. Original magnification of photomicrographs: approximately 450 X.

References: 1. Raab, W., Stark, E., and Gigee, W. R.: Circulation 20:754 (Oct.) 1950. 2. Raab, W.: Research report to CIBA. 3. Carlsson, A., Rosengren, E., Bertler, A., and Nilsson, J.: Paychotropic Druga (edited by Garattini, S., and Ghetti, V.), Elsevier Publishing Company, Ameterdam, 1957, pp. 363-372. 4. Waud, D. R., Kottegoda, S. R., and Krayer, O.: J. Pharmacol. & Exper. Therap. 124:940 (Occ.) 1966. 5. Raab, W.: Am. J. Cardiol. 5:571 (May) 1960. 6. Bayer, O., Borden, N.E., Boeminghaus, H., and Effert, S.: Ztachr. klin. Med. 148:307 (June) 1950. 7. Raab, W.: Hormonal and Neurogenic Cardiovascular Disorders, The Williams & Wilkins Company, Baltimore, 1953, pp. 487, 485.

Complete information about indications, dosage, cautions, and side effects of Serpasil—as well as a full report on its heart-protecting action—will be sent on request. 2/ SORDER (SCORD) and 1 mg. (scored) and 1 mg. (scored).

(reserpine CIBA)



chev cannot actually want total disarmament—no matter how much he talks about it. First of all, his grand strategy in the underdeveloped countries demands that he be able to exploit swiftly by force of arms any authority vacuum that shows up in these countries. His attempt to stage a coup in the Congo illustrates this. Secondly, the disarmament he demands would promptly lose him his satellite empire. No puppet regime in East Europe could long survive without the presence of the Red Army. Between 50,000 and 80,000 Soviet troops are today stationed in Hungary alone—to ward off the danger of "counter-revolution."

. 4. Khrushchev wants the world—particularly the underdeveloped countries—to believe that the Soviet Union has been able to achieve by Communist methods a spectacular economic development that would have been utterly impossible by any other methods. What are the facts? First, we must appraise the heavy and unacknowledged debt which the Soviet economy owes to the millions of persons who, in slave labor camps, were literally worked to death to prove the efficiency of communism; and the other heavy and acknowledged debt which it owes to East Germany and the East European satellites for the wealth of materials and industrial installations of which it plundered them.

Let us look, also, at what the Soviet economy owes to the despised capitalism of the United States. In



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The slow, steady release of methylprednisolone often provides greater effectiveness, with less frequent administration and sometimes a reduced total daily dosage.

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Dosage: The following dosages are recommended in rheumatoid arthritis:

Initial		Maintenance		
Severe	12 to 16 mg	6 to	12 mg.	
Moderately severe.	8 to 10 mg	4 to	8 mg.	
Moderate	6 to 8 mg	2 to	6 mg.	
Children	6 to 10 mg	2 to	8 mg.	

With Medrol Medules, it may be possible to reduce the total daily dose by ½. Indications and effects: Medrol benefits (anti-inflam-

Indications and effects: Medrol benefits (anti-inflammatory, antiallergic, antirheumatic, antileukemic, autihemolytic) have been demonstrated in acute rheumatic carditis, rheumatoid arthritis, asthma, hay fever and allergic disorders, dermatoses, blood dyscrasiss, and ocular inflammatory disease involving the posterior segment.

Precautions and contraindications: Because of Medrol's high therapeutic ratio, patients usually experience dramatic relief without developing such possible ateroid side effects as gastrointestinal intolerance, weight gain or weight loss, edema, hypertension, acne, or emotional imbalance.

As in all corticotherapy, however, there are certain cautions to be observed. The presence of diabetes, osteoporosis, chronic psychotic reactions, predisposition to thrombophlebitis, hypertension, congestive heart failure, renal insufficiency, or active tuberculosis necessitates careful control in the use of steroids. Like all corticosteroids, Medrol is contraindicated in patients with arrested tuberculosis, pepticulcer, acute psychoses, Cushing's syndrome, herpes simplex keratitis, vaccinia, or varicells.

Approximately 135 tiny "doses" mean smoother steroid therapy

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Each capsule contains: Medrol (methylprednisolone) 2 mg. or 6 mg. Supplied in bottles of 30 and 100.

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1944, Stalin told Eric Johnston that "about two-thirds of all the large industrial enterprises in the U.S.S.R. had been built with U.S. material aid or technical assistance." In 1931 Russia allegedly bought 65 per cent of the exports of the U.S. machine-tool industry. The General Electric Company played a major role in rebuilding the famous Dnieper Dam in the immediate postwar years.

As for collectivization, the best commentary on it is provided by a comparison between Hungary and Austria. Hungarian agriculture is still sluggish and woefully inadequate. But Austria—with only one-third as much arable land as Hungary—has had a huge increase in grain production since 1945 and is now self-sufficient in grain for the first time since World War I. Add to these facts the discrepancy in the developments of West Germany and the Soviet zone of Germany, and Khrushchev's claim that only the Soviet Union can point the way toward economic progress simply does not stand up.

5. Khrushchev wants us to have an inexhaustible capacity to relax whenever any Communist speaks reassuring words. What such words amount to can be suggested by this illustration. In the fall of 1956, Antal Apro, a long-time henchman of Rakosi, the "Stalin of Hungary," laid down the new Party line to a Hungarian audience that had been on the receiving end of the most ruthless brand of terrorism.

In the new "correct" manner, Apro deplored the

Medical Economics, November 20, 1961

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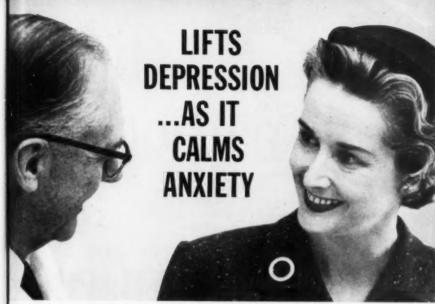
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ng ty ed Stalinist excesses by which the Hungarian regime had been marked in the past and stated that there must never again occur "such acts of terror as those which caused the death of our dear comrades." Then he struck his note of reassurance: "Many will ask, 'What is the guarantee that similar infringements of the law will not be repeated?"... The guarantee is the Party. We are the guarantee, because we are determined and we can learn from the past." A month later, Soviet tanks rolled into Budapest.

These are the things Khrushchev wants and needs. Very well. Then, in addition to denying him this aid, what further action can we take to thwart him? He has one fear that outranks all others: the fear that the free nations will unite—in policy and determination—and stay united. If this is his paramount fear, then the course the free nations must take becomes obvious. "If it is so very important to Russia that the West be a house divided against itself," E. B. White points out, "then it should be equally important to the free nations that they stand together, not simply as old friends but as a going political concern."

It is simply too late for the free world to go on thinking *primarily* of our separate national welfare, and making only a token gesture—and a reluctant one at that—to the demands of our common welfare. Only the naïve can hope that we will thus be able to handle, in the period that lies ahead, the Communist challenge as designed by Khrushchev.



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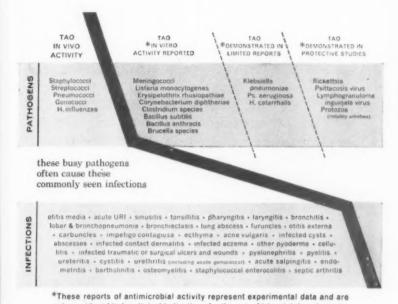
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1. Ford, R. V.: Current Therap. Res. 3:320, July, 1961.

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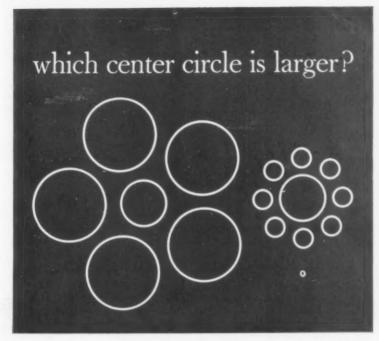
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Another illusion takes place when we try to compare two oral penicillins. If only the price of the drugs were to be considered, the choice would be clear. But isn't it what a drug does that counts?

V-Cillin K. achieves two to five times the serum levels of antibacterial activity (ABA) produced by oral penicillin G. Moreover, it is highly stable in gastric acid and, therefore, more completely absorbed even in the presence of food. Your patient gets more dependable therapy for his money . . . and it's therapy—not tablets—he really needs.

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prescribe V-Cillin K in scored tablets of 125 and 250 mg. V-Cillin K, Pediatric, in 40 and 80-cc.-size packages. Each 5 cc. (approximately 1 teaspoonful) contain 125 mg. (200,000 units) penicillin V as the crystalline potassium salt.

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1. Griffith, R. S.: Antibiotic Med. & Clin. Therapy, 7:129, 1960.

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House-call hubbub

Take any controversial topic. Take an outspoken doctor with strong opinions on it. Combine them in a magazine article—and the magazine is more than likely to be MEDICAL ECONOMICS. Where else would you read such impassioned articles as Dr. Phoebe Hudson's "It's Time We Broke the House-Call Habit!"?

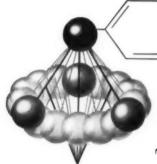
Is it unprofessional to be impassioned? On the contrary, it can serve a professional purpose better than cold logic can. For example, the logic of Dr. Hudson's article—that house calls are the least efficient way to practice medicine—has been recognized within the profession for at least twenty years. Somehow the point never got through to the public. Then came the great house-call hubbub of 1961.

It started with Dr. Hudson's blast in the Aug. 28 MEDICAL ECONOMICS. That got other doctors talking about the problem. In Pittsfield, Mass., medical men asked their newspaper to reprint the article; it would open the public's eyes, they said.

In New York City, most newspapers picked up the story; The New York Times featured it on the front page. Wire services spread it across the country. Dr. Hudson was interviewed on NBC-TV's "Today" show and on three radio programs within a week. News magazines added their comments. Said U.S. News & World Report on Oct. 30:

"Suddenly there's a growing debate in the medical profession: Should doctors stop making house calls—except in the most serious cases—and insist that patients come to the doctors' offices for treatment . . .? An article in a national medical magazine kicked off the debate . . . Newspapers [are] reflecting widespread public interest . . . Women's magazines are beginning to take up the question."

Women aren't apt to lose their liking for house calls all at once. But Dr. Benjamin Spock warned them gently last month that the day was coming when "we'll all stop expecting house calls" for ordinary ills. If that day now seems closer, credit the Hudsoninspired hubbub of 1961.



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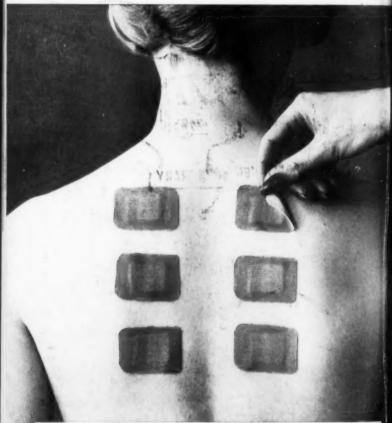
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*Draize, J.H., Dermal Toxicity, Food Drug Cosmetic Law J., 10:722-732 (Oct.) 1955. (Above test is a slight modification of the one described in reference.)

9944100% pure . . . it floats





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